FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **244210** **(1)**

1. Corporation Name

VALLEY RIVER FARMS INC

Principal Place of Business

16499 NE 19TH AVE..#214 NANKIN BUILDING
C/O FRANK G. MURPHY
NORTH MIAMI FL 33162

Mailing Address

16499 NE 19TH AVE..#214 NANKIN BUILDING
C/O FRANK G. MURPHY
NORTH MIAMI FL 33162

3. Date Incorporated or Qualified: **01/28/1961**
3a. Date of Last Report: **02/27/1995**

2. Principal Place of Business
21: 14660 NW 17 DR.
22: MIAMI
23: FLA
24: 33167
25: Country: DADE

2a. Mailing Address
26: 14660 NW 17 DR
27: MIAMI
28: FLA.
29: 33167
30: Country: DADE

4. FEI Number: **59-0923998** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

MURPHY, FRANK G.
16499 NORTHEAST 19TH AVENUE, SUITE 214
NANKIN BUILDING
NORTH MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1538, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Said change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: DATE:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1 TYPE NAME STREET ADDRESS CITY-ST-ZIP	PT MURPHY, FRANK G 16499 NORTHEAST 19TH AVE N MIAMI BEACH FL	☐ DELETE	1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP	MURPHY, FRANK G PRES. 14660 N.W. 17 DR MIAMI- FLA 33167
1 TYPE NAME STREET ADDRESS CITY-ST-ZIP	S NEWLAND,LOIS L. 16499 NORTHEAST 19TH AVE NORTH MIAMI BEACH FL	☐ DELETE	1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP	SECRETARY LOIS L. NEWLAND 14660 NW 17 DR MIAMI- FLA 33167
1 TYPE NAME STREET ADDRESS CITY-ST-ZIP	D MURPHY,FRANK G. 16499 NORTHEAST 19TH AVE NORTH MIAMI BEACH FL	☐ DELETE	1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP	D FRANK G. MURPHY 14660 NW 17 DR MIAMI- FLA 33167
1 TYPE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP	
1 TYPE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP	
1 TYPE NAME STREET ADDRESS CITY-ST-ZIP		☐ DELETE	1 TITLE 2 NAME 3 STREET ADDRESS 4 CITY-ST-ZIP	

14. I DO hereby certify that the information supplied with this filing is true and accurate, that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 above, or on an attachment with an address.

SIGNATURE: Lois L Newland, SECRETARY — 2/12/96 — (305) 769-0123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)