

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 *OFF*

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR -4 AM 10:48

DOCUMENT # 250876

(0)

1. Corporation Name

CLOSTER FARMS INC

Principal Place of Business

**316 ROYAL POINCIANA PLAZA
P.O. BOX 1059
PALM BEACH, 33480**

Mailing Address

**316 ROYAL POINCIANA PLAZA
P.O. BOX 1059
PALM BEACH, 33480**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/01/1961

3a. Date of Last Report

03/22/1994

4. FEI Number

59-0927006

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. 109.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CARSON, DONALD W.
316 ROYAL POINCIANA PL
PALM BEACH FL 33480**

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 607.1508, 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. Such 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

AS

NAME

DEL BUSTO, JORGE

STREET ADDRESS

316 ROYAL POINCIANA PL

CITY - ST - ZIP

PALM BEACH FL

1 1 TITLE

1 2 NAME

1 3 STREET ADDRESS

1 4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

PD

NAME

FANJUL, ALFONSO

STREET ADDRESS

316 ROYAL POINCIANA PL

CITY - ST - ZIP

PALM BEACH FL

2 1 TITLE

2 2 NAME

2 3 STREET ADDRESS

2 4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

VD

NAME

RECIO, ALBERTO

STREET ADDRESS

316 ROYAL POINCIANA PL

CITY - ST - ZIP

PALM BEACH FL

3 1 TITLE

3 2 NAME

3 3 STREET ADDRESS

3 4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

TDV

NAME

FANJUL, JOSE

STREET ADDRESS

316 ROYAL POINCIANA PL

CITY - ST - ZIP

PALM BCH, FL 00000

4 1 TITLE

4 2 NAME

4 3 STREET ADDRESS

4 4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

VSD

NAME

CARSON, DONALD W.

STREET ADDRESS

316 ROYAL POINCIANA PL

CITY - ST - ZIP

PALM BEACH FL

5 1 TITLE

5 2 NAME

5 3 STREET ADDRESS

5 4 CITY - ST - ZIP

☐ Change ☐ Addition

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

6 1 TITLE

6 2 NAME

6 3 STREET ADDRESS

6 4 CITY - ST - ZIP

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and 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 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

Donald W. Carson

Vice President/Secretary

3/28/95

407-655-6303

SIGNATURE:

Donald W. Carson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone