

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **250876** (0)
1. Corporation Name
CLOSTER FARMS INC



Principal Place of Business Mailing Address
316 ROYAL POINCIANA PLAZA **316 ROYAL POINCIANA PLAZA**
P.O. BOX 1059 **P.O. BOX 1059**
PALM BEACH, 33480 **PALM BEACH, 33480**

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Zip Country Country
24 25 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report
09/01/1961 **04/04/1995**
4. FEI Number Applied For
59-0927006 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
10. Name and Address of New Registered Agent

9. Name and Address of Current 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 (Print) Registered Agent Signature (to print only if registered)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	AS	<input type="checkbox"/> DELETE		1. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	DEL BUSTO, JORGE			12. NAME			
STREET ADDRESS	316 ROYAL POINCIANA PL			13. STREET ADDRESS			
CITY - ST - ZIP	PALM BEACH FL			14. CITY - ST - ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		2. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	FANJUL, ALFONSO			22. NAME			
STREET ADDRESS	316 ROYAL POINCIANA PL			23. STREET ADDRESS			
CITY - ST - ZIP	PALM BEACH FL			24. CITY - ST - ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		3. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	RECIO, ALBERTO			32. NAME			
STREET ADDRESS	316 ROYAL POINCIANA PL			33. STREET ADDRESS			
CITY - ST - ZIP	PALM BEACH FL			34. CITY - ST - ZIP			
TITLE	TDV	<input type="checkbox"/> DELETE		4. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	FANJUL, JOSE			42. NAME			
STREET ADDRESS	316 ROYAL POINCIANA PL			43. STREET ADDRESS			
CITY - ST - ZIP	PALM BCH, FL 00000			44. CITY - ST - ZIP			
TITLE	VSD	<input type="checkbox"/> DELETE		5. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	CARSON, DONALD W.			52. NAME			
STREET ADDRESS	316 ROYAL POINCIANA PL			53. STREET ADDRESS			
CITY - ST - ZIP	PALM BEACH FL			54. CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		6. TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				62. NAME			
STREET ADDRESS				63. STREET ADDRESS			
CITY - ST - ZIP				64. CITY - ST - ZIP			

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 119.07(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 3/8/96 407-655-6303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President / Secretary (Type Name)

CR2E034 (12/95)