FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # 496433

1. Corporation Name

THE GOOD EARTH FARMS, INC.

Principal Place of Business	Mailing Address
7441 S.W. 125TH AVE	7441 S.W. 125TH AVE
MIAMI FL 33183-3510	MIAMI FL 33183-3510

FILED Apr 19, 1999 8:00 am Secretary of State

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Principal Place of Business Mailing Address				
7441 S.W. 125TH AVE MIAMI FL 33183-3510	7441 S.W. 125TH AVE MIAMI FL 33183-3510		DO NOT WRITE IN THIS S	SPACE
			3. Date Incorporated or Qualifed 02/15/1976	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		59-1645956	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State	*	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country 24 25	Zip Cou 29 30	intry	This corporation owes the current year Intal Personal Property Tax.	ngible □Yes X No
g. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent	
		81 Name	•	
DAVIS, WILLIAM E ESQ 200 S.E. 1ST STREET MIAMI, FL		82 Street Address (P.O. Box Number is Not Acceptable)		
		83		
33131		84 City	FL	85 Zip Code
*44 & Pursuant to the provisions of Sections 607.05	02 and 607 1508 Florida Statutes, the a	bove-named corpo	ration submits this statement for the purpose of c	hanging its registered

11: Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-hamed corporation's board of directors. I hereby accept the appointment as registered of on 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. Lam familiar with and accept the obligations of Section 607.0505, Florida Statutes

SIGNATURE								
Signature, typed or printed name of registered agent and due if applicable. (NOTE: Registered Agent signature required when remissating)								
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	STD DELETE	1.1 TITLE	☐ Change ☐ Addition					
NAME	COBO, ARMANDO H	1.2 NAME						
STREET ADDRESS	7441 SW 125TH AVE	1.3 STREET ADDRESS						
CITY+ST-ZIP	MIAMI, FL 00000	1.4 CITY-ST-ZIP						
TITLE	DELETE	2.1 TITLE	☐ Change ☐ Addition					
NAME		2.2 NAME						
STREET ADDRESS		2.3 STREET ADDRESS						
CITY-ST-ZIP		2. 4 CITY-ST-ZIP						
TITLE	DELETE	3.1 TITLE	` Change ☐ Addition					
NAME		3.2 NAME						
STREET ADDRESS		3.3 STREET ADDRESS						
CITY-ST-ZIP		3.4. CITY-ST-ZIP						
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition					
MAM E		4, 2 NAME						
STREET ADDRESS		4.3 STREET ADORESS						
CITY-ST-ZIP		4.4 CITY-ST-ZIP						
TITLE	DELETE	5.1 TITLE	Change Addition					
NAME		5.2 NAME						
STREET ADDRESS		5.3 STREET ADDRESS	•					
CITY-ST-ZIP		5.4 CITY-ST-ZIP						
TITLE	, DELETE	6.1 TITLE	☐ Change ☐ Addition					
NAME		6.2 NAME						
STREET ADDRESS		6.3 STREET ADDRESS						
C/TY-ST-ZIP		6.4 CITY-ST-ZIP						

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, by on an attachment with an address, with an address, with an address, with an address, with an address.

SIGNATURE: