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

CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -5 PM 1:47

DOCUMENT # **504257** **(7)**

1. Corporation Name
SUGAR FARMS, INC.

Principal Place of Business	Mailing Address
316 ROYAL POINCIANA PLAZA PALM BEACH FL 33480-4020	316 ROYAL POINCIANA PLAZA PALM BEACH FL 33480-4020

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **05/25/1976**
3a. Date of Last Report: **03/24/1994**

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number: **59-1738691**	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent

CARSON, DONALD W
316 ROYAL POINCIANA PLAZA
PALM BEACH FL 33480

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 607.1508, 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	11 TITLE	☐ Change ☐ Addition
NAME	HERNANDEZ, OSCAR R.	12 NAME	
STREET ADDRESS	316 ROYAL POINCIANA PLZ	13 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL	14 CITY-ST-ZIP	
TITLE	PD	21 TITLE	☐ Change ☐ Addition
NAME	FANJUL, ALFONSO,JR	22 NAME	
STREET ADDRESS	316 ROYAL POINCIANA PLZ	23 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL	24 CITY-ST-ZIP	
TITLE	VD	31 TITLE	☐ Change ☐ Addition
NAME	FANJUL, JOSE (EXEC)	32 NAME	
STREET ADDRESS	316 ROYAL POINCIANA PLZ	33 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL	34 CITY-ST-ZIP	
TITLE	VD	41 TITLE	☐ Change ☐ Addition
NAME	CARSON, DONALD W	42 NAME	
STREET ADDRESS	316 ROYAL POINCIANA PLZ	43 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	RECIO, ALBERTO	52 NAME	
STREET ADDRESS	316 ROYAL POINCIANA PLZ	53 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH FL	54 CITY-ST-ZIP	
TITLE	VS	61 TITLE	☐ Change ☐ Addition
NAME	VALDIVIA, JOSE F., JR.	62 NAME	
STREET ADDRESS	316 ROYAL POINCIANA PLZ	63 STREET ADDRESS	(See Attachment For Continuation)
CITY-ST-ZIP	PALM BEACH FL	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)(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, or on an attachment with an address.

SIGNATURE: _____ José F. Valdivia, Jr., Esq. Vice President/Secretary 3-24-95 407-655-6303
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Title Daytime Phone #

0078110 CP