

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

FILED

**May 05 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 578799 (9)

**1. Corporation Name
MANUEL DIAZ FARMS, INC.**



**Principal Place of Business Mailing Address
23705 SW.117TH AVE. 23705 SW.117TH AVE.
MIAMI FL 33032 MIAMI FL 33032-3011**

3. Date Incorporated or Qualified 07/14/1978 3a. Date of Last Report 05/01/1996
4. FEI Number 59-1832429 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

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 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
DIAZ, NICHOLAS, R.
23705 SW.117TH AVE.
MIAMI, FL. FL 33032**

10. Name and Address of New Registered Agent
B1 Name EMILIA DIAZ - FOX
B2 Street Address (P.O. Box Number is Not Acceptable) 150 WEST FLAGLER ST.
B3 SUITE 1575, MUSEUM TOWER
B4 City MIAMI FL 85 Zip Code 33130

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 the obligations of Section 607.0505, Florida Statutes.

SIGNATURE *Emilia Diaz Fox* **Aprie 25, 1997** **DA** *M.C.D.*
Signature typed or printed (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DIAZ, MANUEL C.	
STREET ADDRESS	2501 S.W. 82ND AVE.	
CITY - ST - ZIP	MIAMI FL	
TITLE	SDT	<input type="checkbox"/> DELETE
NAME	DIAZ, EMILIA F.	
STREET ADDRESS	2501 S.W. 82ND AVE	
CITY - ST - ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	DIAZ, MANUEL C.	
13 STREET ADDRESS	23705 S.W. 117TH AVENUE	
14 CITY - ST - ZIP	HOMESTEAD, FLORIDA 33032	
21 TITLE	SDT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	DIAZ, EMILIA F.	
23 STREET ADDRESS	23705 S.W. 117TH AVENUE	
24 CITY - ST - ZIP	HOMESTEAD, FLORIDA 33032	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY - ST - ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do 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, or on an attachment with an address.

SIGNATURE: *Manuel Diaz Fox* **(PRESIDENT) 1/13/97 (305) 258-5083**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)