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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

23705 SW.117TH AVE.
MIAMI FL 33032

Mailing Address

23705 SW.117TH AVE.
MIAMI FL 33032-3011



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

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

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

B5 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

Signature typed or printed

(NOTE: Registered Agent signature required when reinstating)

Date

12. OFFICERS AND DIRECTORS

TITLE PD
NAME DIAZ, MANUEL C.
STREET ADDRESS 2501 S.W. 82ND AVE.
CITY - ST - ZIP MIAMI FL

TITLE SDT
NAME DIAZ, EMILIA F.
STREET ADDRESS 2501 S.W. 82ND AVE
CITY - ST - ZIP MIAMI FL

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE PD
12 NAME DIAZ, MANUEL C.
13 STREET ADDRESS 23705 S.W. 117TH AVENUE
14 CITY - ST - ZIP HOMESTEAD, FLORIDA 33032

21 TITLE SDT
22 NAME DIAZ, EMILIA F.
23 STREET ADDRESS 23705 S.W. 117TH AVENUE
24 CITY - ST - ZIP HOMESTEAD, FLORIDA 33032

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP

61 TITLE
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 as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(PRESIDENT) 1/13/97 (305) 258-5083

CR2E034 (9/96)