

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

FILED

Jan 29 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **830335** (6)

1. Corporation Name  
**FOUR FARMERS, INC.**

Principal Place of Business

**1820 N.W. 82ND AVE.  
MIAMI FL 33126  
US**

Mailing Address

**1820 NW 82ND AVENUE  
MIAMI FL 33126-1014**



2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip

**25** Country

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip

**30** Country

3. Date Incorporated or Qualified

**06/22/1973**

3a. Date of Last Report

**02/07/1996**

4. FEI Number

**95-2808513**

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

**WODNICKI, RICHARD  
1820 N.W. 82ND AVE.  
MIAMI FL 33126**

10. Name and Address of New Registered Agent

**81** Name **DIAZ-SARMIENTO, GABRIEL**  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**1820 NW 82ND AV.**  
**83** **MI**  
**84** City **MIAMI, FL** **85** Zip Code **33126**

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

*Gabriel S. Diaz-Sarmiento*

(NOTE: Registered Agent signature required when reinstating)

DATE **1/22/97**

12. OFFICERS AND DIRECTORS

TITLE	<b>CT</b>	<input type="checkbox"/> DELETE
NAME	<b>SALAZAR, JORGE</b>	
STREET ADDRESS	<b>1820 N.W. 82ND AVE.</b>	
CITY - ST - ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>PRADILLA, GUSTAVO</b>	
STREET ADDRESS	<b>1820 N.W. 82ND AVE.</b>	
CITY - ST - ZIP	<b>MIAMI FL</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>DE LA TORRE, LORENZO</b>	
STREET ADDRESS	<b>1820 N.W. 82ND AVE.</b>	
CITY - ST - ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>DE LA TORRE, JOSE MARIA</b>	
STREET ADDRESS	<b>1820 N.W. 82ND AVE.</b>	
CITY - ST - ZIP	<b>MIAMI FL</b>	
TITLE	<b>VS</b>	<input type="checkbox"/> DELETE
NAME	<b>SALAZAR, JUAN CARLOS</b>	
STREET ADDRESS	<b>1820 N.W. 82ND AVE</b>	
CITY - ST - ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>DE LA TORRE, JOAQUIN</b>	
STREET ADDRESS	<b>1820 N.W. 82ND AVE</b>	
CITY - ST - ZIP	<b>MIAMI FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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:

*Lorenzo de la Torre*

**1/22/97**

Date

Daytime Phone #

CR2E034 (9/96)