

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

FILED

Jan 28 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 830335 (6)
1. Corporation Name
FOUR FARMERS, INC.

Principal Place of Business Mailing Address
1820 N.W. 82ND AVE. 1820 NW 82ND AVENUE
MIAMI FL 33126 MIAMI FL 33126
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/22/1973	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 95-2808513	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent DIAZ SARMIENTO GABRIEL 1820 NW 82ND AVE MIAMI FL 33126				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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE	CT	<input type="checkbox"/> DELETE	13. 1.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SALAZAR, JORGE		12 NAME	ANDERSON, SHELLA	
STREET ADDRESS	1820 N.W. 82ND AVE.		13 STREET ADDRESS	1820 NW 82 AV.	
CITY-ST-ZIP	MIAMI FL		14 CITY-ST-ZIP	MIAMI, FL 33126	
15. TITLE	D	<input type="checkbox"/> DELETE	2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PRADILLA, GUSTAVO		2.2 NAME	DIAZ SARMIENTO, GABRIEL	
STREET ADDRESS	1820 N.W. 82ND AVE.		2.3 STREET ADDRESS	1820 NW 82 AV.	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	MIAMI, FL 33126	
STREET ADDRESS	1820 N.W. 82ND AVE.	<input type="checkbox"/> DELETE	3.1 NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP	MIAMI FL		3.2 STREET ADDRESS		
16. TITLE	D	<input type="checkbox"/> DELETE	3.3 CITY-ST-ZIP		
NAME	DE LA TORRE, JOSE MARIA		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1820 N.W. 82ND AVE.		4.2 NAME		
CITY-ST-ZIP	MIAMI FL		4.3 STREET ADDRESS		
17. TITLE	VS	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP		
NAME	SALAZAR, JUAN CARLOS		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1820 N.W. 82ND AVE		5.2 NAME		
CITY-ST-ZIP	MIAMI FL		5.3 STREET ADDRESS		
18. TITLE	D	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP		
NAME	DE LA TORRE, JOAQUIN		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1820 N.W. 82ND AVE		6.2 NAME		
CITY-ST-ZIP	MIAMI FL		6.3 STREET ADDRESS		
			6.4 CITY-ST-ZIP		

14. 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, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME

1/19/98 (305) 592-6690

CR2E034 (10/97)