

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Suzanne B. Mathier  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F11684** (0)

1. Corporation Name:  
**DAISY FARM, INC.**



Principal Place of Business:

**9996 SW 66TH ST  
MIAMI FL 33173**

Mailing Address:

**9996 SW 66TH ST  
MIAMI FL 33173**

2. Principal Place of Business:

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 County

2a. Mailing Address:

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 County

9. Name and Address of Current Registered Agent

**CRUZ, REMER  
1740 CORAL WAY  
SUITE A  
MIAMI FL 33145**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

3. Date Incorporated or Qualified  
**12/30/1980**

3a. Date of Last Report  
**01/24/1995**

4. FEI Number  
**59-2058668**

Applied For  
Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contributor

**\$5.00 May Be  
Added to Fees**

8. This corporation has liability for infringing tax under s. 199(1)(2)  
Florida Statutes  Yes  No

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.01 and 607.02, 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 607.01(2), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	<b>DPS</b>	<input type="checkbox"/> Delete
NAME	<b>ANDERSON, TIM</b>	
STREET ADDRESS	<b>9995 SW 66TH STREET</b>	
CITY, ST, ZIP	<b>MIAMI, FL 00000</b>	
TITLE	<b>TDV</b>	<input type="checkbox"/> Delete
NAME	<b>ANDERSON, ANN</b>	
STREET ADDRESS	<b>9995 SW 66TH STREET</b>	
CITY, ST, ZIP	<b>MIAMI FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY, ST, ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
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CITY, ST, ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY, ST, ZIP		

13.

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		
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NAME		
STREET ADDRESS		
CITY, ST, ZIP		

14. I, the undersigned, hereby read the information contained in this report and the information contained in the exemption statement in Section 119.07(1)(a), Florida Statutes. I further certify that the information contained in this report is true and correct and that my signature shall have the same legal effect as if made on the date that I am an officer or director of the corporation. I, the undersigned, hereby authorize the person or persons empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 as a registered agent or director with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Tim Anderson*

5/17/96

CR2E034 (12/95)