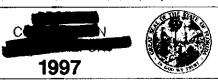
SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

F11684

(0)

DAISY FARM, INC.

REINSTATEMENT 1997

Principal Place of Business



97 OCT 20 AM 9:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA



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9995 SW 66TH ST MIAMI FL 33173			9995 SW 66TH ST MIAMI FL 33173					DO NOT WRITE IN THIS SPACE				
								3. Date Incorporated or Qualified			Report	
									,			
								12/30/1980	05/	21/1996		
2. Principal Pl	ace of Business		2a. Mailing Address					4. FEI Number			pplied For	
21			26					59-2058668		_ N	ot Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75	Additional	
22			27					b. Certificate of Status Desired		Fee R	tequired	
City & State			City & State					6. Election Campaign Financing \$5.00 May Be				
23			28					Trust Fund Contribution Added to Fees				
2.b	Coun	lry	Zip		Countr	У		8. This corporation owes or has a	aid the curr	ent year In	ntangible	
24	25	2	9	[30			Personal Property Tax due Jur	ie 30. 🗀	Yes [No │	
	9. Name and Add	ess of Current Re	gistered Age	nt				10. Name and Address of New F	egistered A	gent		
CBI	JZ, RENIER				81	Nan	ne					
	CORAL WAY											
	TE A		82 Street Add			et Addres	ddress (P.O. Box Number is Not Acceptable)					
					83	1-	.			-		
MIA	MI FL 33145					1					ļ	
					84	City	,			85 Zip	Code	
						.			FL			
11. Pursuant t	o the provisions of Se	ctions 607.0502 and	d 607,1508, Fi	lorida Statute	s, the above	re-nam	ed corpoi	Alion submits this statement for the s board of directors. I hereby acc	purpose of	changing	its registered	
agent. Lar	egistered agent, or bu m familiar with, and ac	in, in the state of ri copt the obligations	s of Section 6	07.05 05. Flor	rilla Statu.	is. ∶S.	υμουταιίο	is board of directors, Thereby acc	epi ine appi	JIHUHOH AS	ž T	
SIGNATURE		,		4	7	111	\ <i>4</i> \^`	VVVV	10/1	ا کر جا	′/	
SIGNATURE .	Signature, typod or printed nar	ue of registered agent and	title if applicable	DENTIF	PHONE	ent signa	alure required	when reinstating) ADDITIONS/CHANGES TO OFF	DATE			
12.		OFFICERS AND DIF	RECTORS	N13H 113I	143.05			ADDITIONS/CHANGES TO OFF	ICERS AND			
TITLE	DPS			DELETE	1.1 TITLE			ي يونون ياستي ومندي يوندي يوندني ينسو		Change	Addition	
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1	ANDERSON, ANN	ì	_	,	2.2 NAME							
NAME	9995 SW 66TH S					2.3 STREET ADDRESS						
STREET ADDRESS		INCCI					SS					
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NAME					3.2 NAME							
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CITY-ST-ZIP					3.4. CITY	S1 - ZIP	\perp					
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STREET ADDRESS					4,3 STREE		ss					
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NAME					6.2 NAME				t	,	J	
STREET ADDRESS					6.3 STREET ADDRESS							
DITY CT 740					E 4 OITV	07 710					ľ	

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 of 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.