FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 18 PM 3:55

DOCUMENT # **F53082** **(6)**

1. Corporation Name
FARGO FARM, INC.

Principal Place of Business	Mailing Address
%FRANK PEREZ-SIAM ESQ ~~122 MINORCA ST~~ CORAL GABLES FL 33134	%FRANK PEREZ-SIAM ESQ ~~122 MINORCA ST~~ CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/05/1981
3a. Date of Last Report: 02/02/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)

4. FEI Number: 59-2188879 ☐ Applied For ☐ Not Applicable

Suite, Apt. #, etc. (22): 265 SEVILLA
Suite, Apt. #, etc. (27): 265 SEVILLA

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

City & State (23)
City & State (28)

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

Zip (24) Country (25)
Zip (29) Country (30)

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

PEREZ-SIAM, FRANK (ESQUIRE)
~~122 MINORCA ST.~~
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 265 SEVILLA
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: _____ DATE
(Signature required when registered agent is changed) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VS	11 TITLE		☐ Change ☐ Addition
NAME	PEREZ-SIAM, ISRAEL	12 NAME		
STREET ADDRESS	~~122 MINORCA ST~~	13 STREET ADDRESS	265 SEVILLA	
CITY-ST-ZIP	CORAL GABLES FL 33134	14 CITY-ST-ZIP		
TITLE	P	21 TITLE		☐ Change ☐ Addition
NAME	PEREZ-SIAM, YLEANA	22 NAME		
STREET ADDRESS	~~122 MINORCA ST~~	23 STREET ADDRESS	265 SEVILLA	
CITY-ST-ZIP	CORAL GABLES FL 33134	24 CITY-ST-ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 above, if applicable, or on an attachment with an address.

SIGNATURE: _____ / DIRECTOR 1/10/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Date
ISRAEL PEREZ-SIAM

0137126 CP