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

APPROVED AND FILED
95 MAY -1 PM 11:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F68368** **(2)**

1. Corporation Name
BAOBAB FARMS', INC.

Principal Place of Business	Mailing Address
15401 SW 280TH STREET HOMESTEAD FL 33032	15401 SW 280TH STREET HOMESTEAD FL 33032

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/23/1982	3a. Date of Last Report: 04/26/1994
2. Principal Place of Business (21):	2a. Mailing Address (26): 10081 WASHINGTON BLVD.
Suite, Apt. #, etc. (22):	Suite, Apt. #, etc. (27): P.O. Box 1392
City & State (23):	City & State (28): Laurel, Md.
Zip (24): / Country (25):	Zip (29): 20725-1392 / Country (30):
4. FEI Number: 59-2202509	☐ 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

PETERSON, WADE C
234 N KROME AVENUE
HOMESTEAD FL 33030

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 _____ DATE
Statutory (typed or printed) name of registered agent and title if applicable — NOTE: Registered Agent signature required when mandatory

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☒ Change ☐ Addition
NAME	KATZ, TRACY	12 NAME	NO LONGER AN OFFICER OR DIRECTOR
STREET ADDRESS	15401 SW 280TH STREET	13 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL	14 CITY-ST-ZIP	
TITLE	VD	21 TITLE	☒ Change ☐ Addition
NAME	KATZ, RONALD	22 NAME	NO LONGER AN OFFICER OR DIRECTOR
STREET ADDRESS	18720 THORNBERRY LANE	23 STREET ADDRESS	
CITY-ST-ZIP	OLNEY MD	24 CITY-ST-ZIP	
TITLE	STD	31 TITLE	☒ Change ☐ Addition
NAME	KATZ, STEVEN	32 NAME	P/T/D KATZ, STEVEN
STREET ADDRESS	2238 FLAG MARSH RD.	33 STREET ADDRESS	2238 Flag Marsh Rd.
CITY-ST-ZIP	MT. AIRY MD	34 CITY-ST-ZIP	Mt. Airy, Md. 21771
TITLE		41 TITLE	☐ Change ☒ Addition
NAME		42 NAME	V/S/D KATZ, JOANNE
STREET ADDRESS		43 STREET ADDRESS	2238 Flag Marsh Rd.
CITY-ST-ZIP		44 CITY-ST-ZIP	Mt. Airy, Md. 21771
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 if changed or added on an attachment with an address.

SIGNATURE: STEVEN KATZ 4/24/95 301-470-3443
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0117078 CP