

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

FILED
Mar 19 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 # **F95000001540 (2)**

1. Corporation Name
VELDA FARMS, INC.

Principal Place of Business

**501 N.E. 181ST ST.
MIAMI FL 33162**

Mailing Address

**501 N.E. 181ST ST.
MIAMI FL 33162**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 402 S. KENTUCKY	26 P.O. Box 32030			03/28/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22 SUITE 500		27 LAKE LAND, FL.		65-0535168	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 LAKE LAND, FL.		28 LAKE LAND, FL.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		7. 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	
24 33801	25 USA	29 33802	30 USA		

9. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST.
SUITE 105
TALLAHASSEE FL 32301**

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 date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ENGLES, GREGG L	1.2 NAME	
STREET ADDRESS	3811 TURTLE CREEK BLVD.	1.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX 75219	1.4 CITY-ST-ZIP	
TITLE	CEO	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BESHEARS, CLETES O	2.2 NAME	
STREET ADDRESS	3811 TURTLE CREEK BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX	2.4 CITY-ST-ZIP	
TITLE	VAS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MADDEN, JOHN W	3.2 NAME	
STREET ADDRESS	3811 TURTLE CREEK BLVD.	3.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX 75219	3.4 CITY-ST-ZIP	
TITLE	VS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NOLL, TRACY L	4.2 NAME	
STREET ADDRESS	3811 TURTLE CREEK BLVD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX 75219	4.4 CITY-ST-ZIP	
TITLE	P	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GREEN, JAMES	5.2 NAME	HAWLEY, JAMIE
STREET ADDRESS	501 N.E. 181ST ST.	5.3 STREET ADDRESS	402 S. KENTUCKY SUITE 500
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	LAKE LAND, FL. 33801
TITLE	V	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LARSEN, NIELS	6.2 NAME	402 S. KENTUCKY SUITE 500
STREET ADDRESS	501NE 181ST	6.3 STREET ADDRESS	LAKE LAND, FL. 33801
CITY-ST-ZIP	MIAMI FL	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:  **NIELE LARSEN**

3-4-98 841-616-6015

CR2E034 (10/97)