

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

FILED  
May 06 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # F95000003537 (6)

1. Corporation Name

PLANTATION MEDICINALS, INC.

Principal Place of Business

Mailing Address

PO BOX 128  
LOOP ROAD AT THE DIKE  
FELDA FL 33930

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LOOP ROAD AT THE DIKE  
FELDA FL 33930

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/21/1995

4. FEI Number

65-0421097

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes ☐ No

2. Principal Place of Business

21 1401 County Rd. 830

Suite, Apt. #, etc.

22

City & State

23 Felda, FL

Zip

24 33930

Country

25 USA

2a. Mailing Address

26 P O Box 128

Suite, Apt. #, etc.

27

City & State

28 Felda, FL

Zip

29 33930

Country

30 USA

9. Name and Address of Current Registered Agent

HUFFMAN, EVA  
1401 COUNTY ROAD 830  
FELDA FL 33930

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 title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE C ☐ DELETE

NAME BONACORSI, DARIO  
STREET ADDRESS VIA RIPAMONTI 99  
CITY-ST-ZIP 20141 MILAN, ITALY

TITLE D ☐ DELETE

NAME GIORGETTI, DR. LUCA  
STREET ADDRESS VIA RIPAMONTI 99  
CITY-ST-ZIP 20141 MILAN, ITALY

TITLE D ☐ DELETE

NAME COCIANCICH, ERMANNO  
STREET ADDRESS VIA RIPAMONTI 99  
CITY-ST-ZIP 20141 MILAN, ITALY

TITLE DP ☐ DELETE

NAME HUFFMAN, MARLIN  
STREET ADDRESS 1401 COUNTY ROAD 830  
CITY-ST-ZIP FELDA FL 33930

TITLE DV ☐ DELETE

NAME HUFFMAN, MICHAEL  
STREET ADDRESS 1401 COUNTY ROAD 830  
CITY-ST-ZIP FELDA FL 33930

TITLE ST ☐ DELETE

NAME HUFFMAN, EVA  
STREET ADDRESS 1401 COUNTY ROAD 830  
CITY-ST-ZIP FELDA FL 33930

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 *Eva Huffman* Eva Huffman

4/21/98 241 675 2084

CR2E034 (10/97)