

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

FILED

Feb 12 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **G17458** (2)

1. Corporation Name  
**STEPPING STONE FARM, INC.**



Principal Place of Business <b>2550 DOUGLAS RD. SUITE 300-A CORAL GABLES FL 33134</b>	Mailing Address <b>2550 DOUGLAS RD. SUITE 300-A CORAL GABLES FL 33134-6124</b>
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2. Principal Place of Business <b>21 1313 Ponce de Leon Blvd.</b>		2a. Mailing Address <b>26 1313 Ponce de Leon Blvd.</b>		3. Date Incorporated or Qualified <b>01/03/1983</b>	3a. Date of Last Report <b>04/29/1996</b>
Suite, Apt. #, etc. <b>22 Suite 301</b>		Suite, Apt. #, etc. <b>27 Suite 301</b>		4. FEI Number <b>59-2255650</b>	Applied For <input type="checkbox"/> Not Applicable
City & State <b>23 Coral Gables, FL</b>		City & State <b>28 Coral Gables, FL</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip <b>24 33134</b>	Country <b>25 Dade</b>	Zip <b>29 33134</b>	Country <b>30 Dade</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

9. Name and Address of Current Registered Agent <b>SEVIN, NORMAN M. 2550 DOUGLAS RD. SUITE 300-A CORAL GABLES FL 33134</b>				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	<b>1313 Ponce de Leon Blvd.</b>
				83 Suite	<b>301</b>
				84 City	<b>Coral Gables</b>
				85 Zip Code	<b>FL 33134</b>

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: *Norman M. Sevin* **NORMAN M. SEVIN** **2/6/97**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE		1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>CHEN, MARSHALL M</b>			1.2 NAME			
STREET ADDRESS	<b>2550 DOUGLAS RD #300-A</b>			1.3 STREET ADDRESS	<b>1313 Ponce de Leon Blvd., Suite 301</b>		
CITY-ST-ZIP	<b>CORAL GABLES FL</b>			1.4 CITY-ST-ZIP	<b>Coral Gables, FL 33134</b>		
TITLE	<b>ST</b>	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>SEVIN, NORMAN M</b>			2.2 NAME			
STREET ADDRESS	<b>2550 DOUGLAS RD #300-A</b>			2.3 STREET ADDRESS	<b>1313 Ponce de Leon Blvd., Suite 301</b>		
CITY-ST-ZIP	<b>CORAL GABLES FL</b>			2.4 CITY-ST-ZIP	<b>Coral Gables, FL 33134</b>		
TITLE	<b>V</b>	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>KATZ, HERBERT</b>			3.2 NAME			
STREET ADDRESS	<b>9839 S.W. 118TH AVENUE</b>			3.3 STREET ADDRESS			
CITY-ST-ZIP	<b>MIAMI FL 33186</b>			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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 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: *Marshall M. Chen* **MARSHALL M. CHEN** **2/6/97 (305) 448-3343**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)