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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K17449

(5)

JOINT VENTURE FARMS, INC.

Principal Place of Business

Mailing Address

% RUTH ANN FAINE

% RUTH ANN FAINE

FILED
Apr 29 1997 8:00am
Secretary of State



18225 SW 172 AVE MIAMI FL 33187		16225 SW 172 AVE MIAMI FL 33187-1320				.			
						3. Date Incorporated or Qualified 03/09/1988		te of Last 01/1990	
	ace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number			Applied For
21		26			65-0104382			Not Applicable	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional Required	
City & State	9	City & State				6. Election Campaign Financing		\$5.0	O May Be
23		28				Trust Fund Contribution	L.J		d to Fees
Zip	Country	Zip	Cour	ntry		8. This corporation has liability for it			s. 199.032,
24	9. Name and Address of Cur	rent Begistered Agent	30			Florida Statutes 10. Name and Address of New Reg	Yes _	-	
EAU	NE, RUTH ANN	Tent tregistered Agent		81	Name	10. Haine and Address of New Het	istereu F	vyern.	
	25 SW 172 AVE				T CONTROL				
	MI FL 33187			82	Street Add	dress (P.O. Box Number is Not Acceptab	e)		
mi/Λ	m 1 5 00 101		-	83					
***								1	
				84	City		FL	85 Zi	p Code
agent. I a SIGNATURE	m ramiliar with, and accept the or	oligations of, Section 607.0505, F	-lorida State	IJlos	\$.	poration submits this statement for the palion's board of directors. I hereby accep		ointment	as registered
12.	Signature, typed or printed name of registered	AND DIRECTORS	13.	Age	ont signature requ	uired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE.	DIDECT	350 IN 40
TITLE	D OF ICERS	DELETE	1.1 10	ı F	1	ADDITIONS/CHANGES TO OFFICE		Chang	
NAME	FAINE, RUTH ANN		1.2 NA						
STREET ADDRESS	16225 SW 172 AVE				ADDRESS				
CITY-ST-ZIP	MIAMI FL		1.4 Cm						
TITLE		☐ DELFTE	2.1 111		···			Chang	Addition
NAME			2.2 NA	ME					
STREET ADDRESS			2.3 \$1	REET	ADDRESS				
CITY-ST-ZIP			2 4 Gi	TY-S	ST-ZIP				
JITLE		DELETE	3 1 TIT	l F				Chang	Addition
NAME			3.2 NA	ME					
STREET ADDRESS			3 3 ST	REET	ADDRESS				
CITY-ST-ZIP			3 4. Ci	1Y-S	ST - ZIP				
TITLE		L DELETE	4.1 111	ιE				☐ Chang	Addition
NAME			4 2 N/	ME					
STREET ADDRESS			4.3 S1	REET	ADDRESS				
CITY-ST-ZIP		Dougts	4 4 CIT		T - Z IP			<u> </u>	
TITLE		☐ DELETE	51111		Ì			Chang	e
NAME			5.2 NA						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP		Deter	5 4 CH		T - Z)P				Live
TITLE		☐ DELETE	61117					☐ Chang	Addition
NAME			62 NA						
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP			64 CH	Y-S	T-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 conforation of the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changon, or on an attachment with an address.