

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **K18640 (8)**

1. Corporation Name
VILAFRAN FARMS, INC.

FILED
95 JUL 14 AM 11:33
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business Mailing Address
19525 S.W. 142ND AVENUE MIAMI FL 33177
14235 S.W. 109 ST MIAMI FLA. 33146

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 25 29 30

3. Date Incorporated or Qualified 3a. Date of Last Report
03/21/1988 07/14/1994
4. FEI Number Applied For
NOT APPLICABLE Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Finance and 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
**CONTRERAS, PAUL
7001 SOUTHWEST 97TH AVE
SUITE 104
MIAMI FL 33173**

10. Name and Address of New Registered Agent
81 Name **R. Hector Villaman**
82 Street Address (P.O. Box Number is Not Acceptable)
83 **14235 S.W. 109 ST**
84 City **MIAMI** 85 Zip Code **FL 33186**

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 **R. Hector Villaman** DATE **7-11-95**

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	VILLAMAR, R. HECTOR
STREET ADDRESS	14235 SW 109 ST
CITY - ST - ZIP	MIAMI FL
TITLE	SDV
NAME	VILLAMAR, BEATRIZ
STREET ADDRESS	14235 SW 109 ST
CITY - ST - ZIP	MIAMI FL
TITLE	TD
NAME	SALAZAR, OSCAR FRANCO
STREET ADDRESS	14235 SW 109 ST
CITY - ST - ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ALL OTHERS (PARTNERS, EMPLOYEES, TRUSTEES, ETC.)

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 110.07(3)(k), 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 appointed to execute the 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 affidavit.
SIGNATURE: **R. Hector Villaman** DATE **7-11-95** 305-3960562

CR2E034 (3/95)