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**Jan 28 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # K18640 (8)

1. Corporation Name
VILAFRAN FARMS, INC.



Principal Place of Business: **19525 S.W. 142ND AVENUE MIAMI FL 33177**
Mailing Address: **14235 S.W. 109 STREET MIAMI FL 33186-3007 US**

3. Date Incorporated or Qualified: **03/21/1988**
3a. Date of Last Report: **06/19/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		NOT APPLICABLE		Not Applicable	
Suite, Apt #, etc.		Suite, Apt #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		28		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
23		29		30		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Zip	Country	Zip	Country				
24	25	29	30				

9. Name and Address of Current Registered Agent

**VILLAMAR, HECTOR R.
7007 SOUTHWEST 97TH AVE
14235 S.W. 109 STREET
MIAMI FL 33186**

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VILLAMAR, R. HECTOR	1.2 NAME	
STREET ADDRESS	14235 SW 109 ST	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	1.4 CITY - ST - ZIP	
TITLE	SDV	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VILLAMAR, BEATRIZ	2.2 NAME	
STREET ADDRESS	14235 SW 109 ST	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	2.4 CITY - ST - ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALAZAR, OSCAR FRANCO	3.2 NAME	
STREET ADDRESS	14235 SW 109 ST	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	3.4 CITY - ST - ZIP	
TITLE		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		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		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: _____ Date: **1-21-97** Daytime Phone #: **305-396-0582**

CR2E034 (9/96)