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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secreta y of State DIVISION OF CORPORATIONS

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90193 004 ***150.00

DOCUMENT # K27440

1. Corporation Name

Principal Place of Business

EL SALVADOR FARM, CORPORATION

17800 S.W. 168 ST MIAMI FL 33187 US			11491 S.W. 99TH TERRACE: MIAMI FL 33176 US					DO NOT WRITE IN THIS SPACE
								3. Date Incorporated or Qualifed 06/30/1988
2. Principal Place of Business			2a. Mailing Address					4. FEI Number Applied For
21			26					65-0106096 Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.					5. Certificate of Status Desired \$8.75 Additional
22			27					ree Required
City & State	Đ		City & State					6. Electior Campaign Financing
Zip	Country	у	Zip	C	ountry			8. This co poration owes the current year Intangible
24	25		29	30				Personal Property Tax. Yes []No
	Name and Addre	ss of Current	Registered Agent					10. Name and Address of New Registered Agent
COD	NEIO MADVE				81	Ni:	iame	
Cornejo, Mary e 11491 SW 99TH Terr					82	Street A		Address (P.O. Box Number is Not Acceptable)
MIAN	fi FL				83			
					84	C	ity	F 85 Zip Cc de
<u> </u>	. ,	007.055	1007.4500 51 11 51 1	44		<u>L</u> .		corporation submits this statement for the purpose of changing its registered
office och	egistered agent, or hot t	in the State of	Florida. Such change was ons of, Section 607.0505, F	authoriz	ed by t	the	corpora	ration's board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name	of registered agent.	nd title if applicable (NO	TF Registe	red Agent	ıt sıgr	nature requ	oquired when reinstating) DATE
12.	()	FFICERS AND	DIRECTORS	1	3.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DPT		☐ DELETE	1.1	TITLE			☐ Change ☐ Addition
NAME	CORNEJO, VICTOR	Α		1.2	NAME			
STREET ADDRESS	11491 SW 99TH TE	RR		1.3	STREET	r add	DRESS	
CITY-ST-ZIP	MIAMI FL 33176			1.4	CITY-ST	T-ZIP	>	
TITLE	VD		☐ DELETE	2.1	TITLE			☐ Change ☐ Addition
NAME	CORNEJO, MARY E	LIZABETH		2.2	NAME			
STREET ADDRESS	11491 SW 99TH TE	RR		2.3	STREET	T ADD	DRESS	
CITY-ST-ZIP	MIAMI FL 33176			2	4 CITY-S	T-ZIF	Р	
TITLE			☐ DELETE	3.1	TITLE			☐ Change ☐ Addition
NAME					NAME			
STREET ADDRESS					STREET			
CITY-ST-ZIP	<u></u>				CITY-S	T-ZiF	Р	☐ Change ☐ Addition
TITLE			☐ DELETE		TITLE		ŀ	Change
NAME					2 NAME			
STREET ADDRES S				1	STREET		ŀ	
CITY-ST-ZIP					CITY-ST	T-ZIP	-	☐ Change ☐ Addition
TITLE			☐ DELETE	•	TITLE NAME			
NAME					STREET	T A D. D	DESE	
STREET ADDRESS					CITY-ST		Ì	
CITY-ST-ZIP			☐ DELETE		TITLE	1.715		☐ Change ☐ Addition
TITLE			□ NETELE		NAME			
NAME					STREET	ר אחיי	nees	
STREET ADDRESS				0.0	, O I KEC I		NICOO	

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, with a lother like empowered.

6.4 CITY-ST-ZIP