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Apr 30, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L30066

1. Corporation Name

FERRUARI DAIRY FARMS, INC.

Principal Place of Business

826 EAST C-466
OXFORD FL 34484
US

Mailing Address

826 EAST C-466
OXFORD FL 34484
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/14/1989

4. FEI Number

65-0158139

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

ARCINIEGA, FERNANDO
1080 SW 92ND AVE.
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81. Name

RENE FERRUCHO

82. Street Address (P.O. Box Number is Not Acceptable)

950 SW 87th Terrace

84. City

Plantation

FL

85. Zip Code

33324

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

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

4-23-99

DATE

12. OFFICERS AND DIRECTORS

TITLE VT ☐ DELETE

NAME ARCINIEGA, FERNANDO

STREET ADDRESS 1080 SW 92ND AVE.

CITY-ST-ZIP PLANTATION FL

TITLE PS ☐ DELETE

NAME ROSENDE, MARTHA

STREET ADDRESS RT. 1 BOX 134-L

CITY-ST-ZIP OXFORD FL

TITLE DP ☐ DELETE

NAME ROSENDE, MARTHA

STREET ADDRESS RT 1 BOX 134-L

CITY-ST-ZIP OXFORD FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 all other like empowered.

SIGNATURE:

Mathie N. Rosende, Martha Rosende, President 4-23-99 (352)748-5996

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)