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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

May 15 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1. Corporation	FARMS, INC. e of Business E BLVD.	Mailing Address 2801 BISCAYNE BLVD. MIAMI FL 33137-4532			
				Date Incorporated or Qualified 12/04/1989	3a. Date of Last Report 05/23/1996
2. Principal Pt	ace of Business	2a, Mailing Address		4, FEI Number	Applied For
3		26		65-0157466	Not Applicable
Suite, Apt :	#, elc.	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	3	City & State	· · · · · · · · · · · · · · · · · · ·	6. Election Campaign Financing	\$5.00 May Be
:3		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for i	
4	25 g. Name and Address of Currer		30	Fiorida Statutes 10. Name and Address of New Re	Yes No
CAIR	RNS, TERRANCE V	it negistered Agent	81 Name	10' usus and variess to sea us	Sieralan wasut
2601 BISCAYNE BLVD.			20 0	ANTONIO RODRIGUEZ	
MIAMI FL 33137			82 Street Addr	ess (P.O. Box Number is Not Acceptabe 2601 BISCAYNE BLVD.	· ·
			83		
			84 City	MIAMI	FL 85 Zip Code 33137
SIGNATURE (Signature, typical a photod gypt of agentical age OFFICERS AN	on and tice if applicable (NOTE: D DIRECTORS	Registered Agent signature require 13.	ign's board of directors. I hereby accepted when ferfataing: ADDITIONS/CHANGES TO OFFICE	DATE // DATE // DATE // DIRECTORS IN 12
TITLE	CASTER, RICHARD F.	☐ DELETE	1.1 TiTLE	•	Change Addition
NAME STREET ADORESS	2601 BISCAYNE BLVD.		1.2 NAME 1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY - ST-ZIP		
TITLE	DST	☐ DELETE	2.1 TITLE		Change Addition
NAMÉ.	CASTER, CARY		2.2 NAME		
STREET ADDRESS	2601 BISCAYNE BLVD		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	DELETE	2. 4 CITY - ST - ZIP 3.1 TITLE		Change Addition
NAME		mail Present	3.2 NAME		C) change C Addition
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME STREET ADDRESS			4. 2 NAME		
CITY-ST-7IP			4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	•	
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CiTY+ST-ZIP	**************************************	T boote	5.4 CITY-ST-ZIP		
TOTLE NAME		☐ DELETE	6.1 TITLE		Change Addition
STREET ADDRESS			6.2 NAME 6.3 STREET ADORESS		
CITY-ST-ZIP			6.4 CITY-SI-ZIP		
14. I do hereb information I am an of	n indicated on this annual report or s	supplemental annual report is tru the receiver or trustee empowe	for the exemption stated ie and accurate and that red to execute this repor	in Section 119.07(3)(i), Florida Statute my signature shall have the same lega t as required by Chapter 607, Florida S	l affant as if made under noth: that l