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CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 9:34

DOCUMENT # L40069 (1)

1. Corporation Name
MIDA FARMS AT WELLINGTON, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
C/O VINCENT TUBITO 3801 HOLLYWOOD BLVD 3RD FL HOLLYWOOD FL 33021 US	P.O. BOX 17350 PLANTATION FL 33318 US

3. Date Incorporated or Qualified: 01/04/1990
3a. Date of Last Report: 04/18/1994

2. Principal Place of Business	2a. Mailing Address
21 c/o ELI BEN-SHMUEL	26
Suite, Apt. #, etc. 22 16300 N.E. 19TH AVENUE	Suite, Apt. #, etc. 27 SAME
City & State 23 N. MIAMI BCH, FLORIDA	City & State 28
Zip / Country 24 33162 / 25 DADE	Zip / Country 29 / 30

4. FEI Number: 65-0170841 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
TUBITO, VINCENT 3801 HOLLYWOOD BLVD 3RD FL HOLLYWOOD FL 33021 Change to →	81 Name: ELI BEN-SHMUEL 82 Street Address (P.O. Box Number is Not Acceptable): 16300 N.E. 19TH AVENUE 83 84 City: N. MIAMI BEACH FL 85 Zip Code: 33162

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: A
Signature, typed or printed name of registered agent and title if applicable. (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	☒ Change ☐ Addition
NAME	BEN-SHMUEL, ELIAHU	1.2 NAME	
STREET ADDRESS	~~152 NE 167TH ST~~ 16300 N.E. 19TH AVE.	1.3 STREET ADDRESS	16300 N.E. 19TH AVENUE
CITY-ST-ZIP	~~N MIAMI BCH FL~~ N. MIAMI BCH, FL 33162	1.4 CITY-ST-ZIP	N. MIAMI BEACH, FL. 33162
TITLE	~~VP~~	2.1 TITLE	XX Change ☐ Addition
NAME	~~TUBITO, VINCENT~~	2.2 NAME	
STREET ADDRESS	~~3801 HOLLYWOOD BLVD., 3RD FL~~ DELETE →	2.3 STREET ADDRESS	DELETE
CITY-ST-ZIP	~~HOLLYWOOD FL~~	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 is voluntarily furnished and 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: [signature] 4/5/95 305-947-9722
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

043A00 FP