NAME	SECOND NO	OTICE: CORPORATION WILL BE I	DISSOLVED ON OR AFTER A LVED, MINIMUM AMOUNT DUE	UGUST 7, 1996. To reinstate: \$375.)		
1996		Contract of the second	9			
DOCUMENT # L40069 (1)			Secretary	of State		
MIDA FARMS AT WELLINGTON, INC.  Principal Pack of Susmoss MA: ng Address (7) EU BENSHAUE, 1800 NE 1911 NASHE 1800 NE 1914 NASHE	1996 DIVISION OF CORPORATIONS					
Cop	DOCUMENT # L40069 (1)					
CO EL BENNAMURE   TEXD NE 1999 AND   TEXD NE 1999	MIDA FA	ARMS AT WELLINGTON, IN	IC.		A MAGILLAN AN DIORE BARN DELLE BANG RA	HI BIBIK BARNI BIBIK BIBIK BABIK BERIK JABIK
ISSON DEL 19TH AVENUE   1500 OF LIGHT AVENUE   1500 OF LIGHT STORY US	Principal Place o	of Business	Maiing Address			
US	16300 N.E. 19TH AVENUE 16300 N.E. 19T)				Date Incorporated or Qualified	3a Date of Last Report
Suito Apt. F. etc.   Suito A	US		US			*=·
Sale Apt 4, etc.   Sale Apt 4,		ce of Business	<u> </u>			}
Coly & State   Coly   Columb   Color		etc.	Suite, Apt. # etc			\$8.75 Additional
28						
25   28   30	, ´		· ·	<u>.</u>		
10   Name and Address of Current Registered Agent   10   Name and Address of New Registered Agent   10   Name and Address of New Registered Agent   10   Name and Address of New Registered Agent   11   18300 N.E. 19TH AVENUE   18300 N.E. 19TH AVENUE   1830 N.E. 19TH AV		<b></b>	h			
BEN-SHAWEL, ELI 1830 N.E. 19TH AVENUE 3RD FL N. MIAMM BEACH FL 33162  84 City	24					J
SRET ADDRESS OTH ST-ZP  N. MIAM BEACH FL 33162  84 City  FL 85 Zip Code  86 Zip Code  87	BEN	-SHMUEL, ELI		81 Name		
N. MIAM BEACH FL 33162   84				82 Street Add	iress (P.O. Box Number is Not Acceptab	le)
Section   Processing of Sections (67) 6509 and (67) 1509. Florid Statutes, the above named corporation submits this statement for this purpose of changing its registered agrent or bioth, in the State of Florida. Such desage was authorized by the corporation's board of decires. Thereby accept the appointment as registered agrent of bioth, and accept the obligations of, Section 607 6506, Florida. Statutes    12				83		
11. Parsuant to the movisions of Sections 607 6602 and 607 5502 filtorids Statutes, this above named corporation submits the statement for the purposes of changing its registered agent. I am farmitian with, and accept the obligations of, Section 607 6505, Florida Statutes.    SIGNATURE	11. 10	WWW DEFICITIE COTOR		84 City	AP WAY	B5 Zip Code
office or registered agent or body, in the State of Flonda Such oftange was automized by the corporation's board of oresters. Thereby accept the approximate agent and accept the obligations of Sociol 607 0505, Fordia Statutes  SIGNATURE  12	11. Pursuant to	the provisions of Sections 607.050?	and 607.1508, Florida Statutes	s, the above-named corp	poration submits this statement for the pu	roose of changing its registered
12	<ul> <li>office or red</li> </ul>	ristered agent, or both up the State r	of Florida. Such change was au	thorized by the corporat	ion's beard of directors. Thereby accept	the appointment as registered
12	SIGNATURE _	was a Second or Center forms of the story in a steel	HCPU 30% organism (NOE)	Respectored Agent somature resp.	and when the children	DAIF
NAME   BEN-SHMUEL, ELIAHU   12 MAME   13 STREET ADDRESS   16300 N.E. 19TH AVENUE   13 STREET ADDRESS   N. MIAMI BEACH FL   14 Colv - S1 - ZP	12.	OFFICERS AND	DIRECTORS		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
18300 N.E. 19TH AVENUE		, -				ERS AND DIRECTORS IN 12   \$   Change
N. MIAMI BEACH FL						
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TITLE         DELETE         6.1 HILE         Change         Addition           NAME         6.2 NAME           STREET ADDRESS         6.3 STREET ADDRESS           CITY - ST - ZIP         6.4 CITY - ST - ZIP	l i			5.3 STREET ADDRESS		
NAME         6.2 NAME           STREET ADDRESS         6.3 STREET ADDRESS           CITY - ST - ZIP         6.4 CITY - ST - ZIP					Mary 12 W	Chaga Musica
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the state of the s	CITY-ST-ZIP			64 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)(k). Florida Statutes 1 further certify that the information and cated 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 path, that I am an officer or director of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 617, Florida Statutes; and	14. I do hereby	ify that the information and eated on	this annual report or suppleme	nta' ancual report is true	and accurate and that my signature sha	ill have the same legal effect as C = L

6-18-96 (305)948-6229

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: