Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90247 004 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L46121											
1. Corporation Name OASIS TREE FARM, INC.											
UASIS	NEE FARNI, INC.						I KRANCKANI ANK MEMILA ANKAN KANDA KAN		IZ ODBOL BINIK NIBIL	OLONI AKOM LAAL	
						1					
Principal Place of Business Mailing Address									'I MEN'I MINII MENI		
P.O. BOX 539 P.O. BOX 539											
PAHOKEE FL 33476 PAHOKEE FL 33476							DO NOT WRIT	FE IN TU	IC CDACE	r	
						3	Date Incorporated or Qualifed	IE IN IN	13 SPACE		
•						"	01/30/1990				
Principal Place of Business 2a. Mailing Address						4.	FEI Number		Ar	oplied For	
21		26					65-0171723			ot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.							Certifcate of Status Desired			Additional equired	
22							Startian Committee Figure 1			May Be	
City & State City & State				•			Election Campaign Financing _ Trust Fund Contribution			May Be to Fees	
Zip								poration owes the current year Intangible			
24	25	25 29 30				<u>.</u>	Personal Property Tax.				
	9. Name and Address of Curr	ent Registered Agent				10.	Name and Address of New R	egistere	d Agent	_	
VIIS	EM, HENRY		8	1	Name						
1600 NW 2ND AVE #16			8	2	Street Adr	dress (P	O. Box Number is Not Accepta	ble)			
BOCA RATON FL 33432				13							
	•			1							
				4	City		•	F	85 Zip	Code	
11. Pursuant t	to the provisions of Sections 607.0	502 and 607.1508, Florida Statutes te of Florida. Such change was autl	, the abo	ve-	named co	rporation	submits this statement for the			registered	
office or re	egistered agent, or both, in the Sta n familiar with, and accept the obli	te of Florida. Such change was autl gations of, Section 607.0505, Florid	horized b la Statute	by th es.	ie corbora	ition's bo	pard of directors. I hereby accep	t the app	ointment as re	egistered	
SIGNATURE	,										
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered					signature requi			DATE	ALID OUDEOT	200 111 40	
12. TILE				13.			ADDITIONS/CHANGES TO OFF	-ICERS /	Change	Addition	
NAME	YUSEM, HENRY H.		1.2 NAME		ļ				•··		
STREET ADDRESS	ALLES BURNISHE OF			3 STREET ADDRESS					1		
CITY-ST-ZiP	DOOL DATON SI			4 CITY-ST-ZIP							
TITLE				2.1 TITLE					Change	☐ Addition	
NAME	YUSEM, RICHARD, G			E							
STREET ADDRESS				ETA	ADDRESS						
C/TY-ST-ZIP	BOCA RATON FL 33487		2. 4 CITY		·ZIP				Change	☐ Addition .	
TITLE		DÉTELE	3.1 TITLE			+		,	Citatige		
NAME			3.2 NAME		ADDDECC					\	
CITY-ST-ZIP				3.3 STREET ADDRESS 3.4. CITY-ST-ZIP							
TITLE				4.1 TITLE			· <u>··································</u>		☐ Change	☐ Addition	
NAME			4. 2 NAM	ŧΕ							
STREET ADDRESS			4.3 STRE	EΤΑ	ADDRESS						
CITY-ST-ZIP	4.4 C				ZIP						
TITLE	DELETE 5.11								Change	☐ Addition	
NAME			5.2 NAME		MODER						
STREET ADDITESS				5.3 STREET ADDRESS 5.4 CITY-ST-ZIP						ĺ	
C!TY-ST-Z!P			E 0.7 OH (- 01*							

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 supplier exal 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 of the ecceived 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 a stationary with an address, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

URE REQUIRED AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

4114199

☐ Change

☐ Addition