FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
1995 FEB -9 PM 3:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
800001403508
-02/10/95--01065--011
******8.75 ******8.75

DOCUMENT # L83013 (7)

1. Corporation Name
MACADAMIA OF COSTA RICA/USA, INC.

Principal Place of Business	Mailing Address
P.O. BOX 601 MYSTIC CT 06355	P.O. BOX 601 MYSTIC CT 06355

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/26/1990
3a. Date of Last Report: 02/09/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
City & State (23)
City & State (28)
Zip (24) Country (25)
Zip (29) Country (30)

4. FEI Number: 06-1307638 ☐ 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

CORPORATION INFORMATION SERVICES, INC.
1201 HAYES STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is not acceptable) 800001403508 -02/10/95--01065--010
83 ****200.00 ****200.00
84 City FL 85 Zip Code

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	BARRES, HERSTER	1.2 NAME	
STREET ADDRESS	5 HOLMES STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	MYSTIC CT	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	☐ Change ☐ Addition
NAME	MCLAUGHLIN, JOAN	2.2 NAME	
STREET ADDRESS	271 PEQUOTSEPOS ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	MYSTIC CT	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☒ Change ☐ Addition
NAME	ROJAS, ARTURO	3.2 NAME	D
STREET ADDRESS	100 METROS AL ESTE	3.3 STREET ADDRESS	Tait, James
CITY-ST-ZIP	SAN JOSE, COSTA RICA	3.4 CITY-ST-ZIP	c/o CDC, 40 Calle Paseo Colon San Jorge Bldg, 3rd Flr, San Jose, Costa Rica
TITLE	D	4.1 TITLE	☒ Change ☐ Addition
NAME	ROJAS, MARIO	4.2 NAME	D
STREET ADDRESS	MONUMENTO LEO CORTEZ	4.3 STREET ADDRESS	Cardwell, Paul
CITY-ST-ZIP	SAN JOSE, COSTA RICA	4.4 CITY-ST-ZIP	c/o CDC, 40 Calle Paseo Colon San Jorge Bldg, 3rd Flr, San Jose, Costa Rica
TITLE	D	5.1 TITLE	☒ Change ☐ Addition
NAME	ROJAS, OTTO	5.2 NAME	D
STREET ADDRESS	CALLE 40, PASEO COLON	5.3 STREET ADDRESS	Workman, Michael
CITY-ST-ZIP	SAN JOSE, COSTA RICA	5.4 CITY-ST-ZIP	c/o CDC, One Bessborough Gardens London SW1V 2JQ
TITLE	D	6.1 TITLE	☒ Change ☐ Addition
NAME	ROJAS, ORLANDO	6.2 NAME	Delete
STREET ADDRESS	EDIFICIO SANJORGE 3ERPIS	6.3 STREET ADDRESS	
CITY-ST-ZIP	SAN JOSE, COSTA RICA	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: _____ Herster Barres, President 2/1/95 (203) 572-8199
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0403020 FN