

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # L83013

(7)

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

Principal Place of Business

P.O. BOX 601  
MYSTIC CT 06355

Mailing Address

P.O. BOX 601  
MYSTIC CT 06355-0601

FILED  
Jun 19 1997 8:00am  
Secretary of State



3. Date Incorporated or Qualified  
06/26/1990

3a. Date of Last Report  
04/03/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

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)

83

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

16/4/97  
DATE

12. OFFICERS AND DIRECTORS

TITLE ☒ DELETE

NAME TAIT, JAMES  
STREET ADDRESS 40 CALLE PASEO COLON 3RD FLOOR  
CITY-ST-ZIP SAN JOSE, COSTA RICA

TITLE ☒ DELETE

NAME CALDWELL, PAUL  
STREET ADDRESS 40 CALLE PASEO COLON 3RD FLOOR  
CITY-ST-ZIP SAN JOSE, COSTA RICA

TITLE ☒ DELETE

NAME WORKMAN, MICHAEL  
STREET ADDRESS CDC, ONE BESSBOROUGH GARDENS  
CITY-ST-ZIP SAN JOSE, COSTA RICA

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition

12 NAME BAKER COLIN MICHAEL  
13 STREET ADDRESS 40 CALLE PASEO COLON 3 RD FLOOR  
14 CITY-ST-ZIP SAN JOSE, COSTA RICA

21 TITLE ☒ Change ☐ Addition

22 NAME STEPHEN WEST  
23 STREET ADDRESS 40 CALLE PASEO COLON 3 RD FLOOR  
24 CITY-ST-ZIP SAN JOSE, COSTA RICA

31 TITLE ☒ Change ☐ Addition

32 NAME BRAITHWAITE JUSTIN  
33 STREET ADDRESS CDC, ONE BESSBOROUGH GARDENS  
34 CITY-ST-ZIP SAN JOSE, COSTA RICA

41 TITLE ☐ Change ☐ Addition

42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME 000002217500  
53 STREET ADDRESS -06/19/97--01092--040  
54 CITY-ST-ZIP \*\*\*165.00

61 TITLE ☐ Change ☐ Addition

62 NAME  
63 STREET ADDRESS  
64 CITY-ST-ZIP

14. I do 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 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 of Colin Michael Baker

BAKER COLIN MICHAEL

16/4/97

(506) 531-1152

CR2E034 (9/96)