SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 5, 1995.
AMOUNT DUE ON OR BEFORE 5/5/95: $235 (IF DISSOLVED, ADDITIONAL AMOUNT DUE TO REINSTATE: $275)

PROFIT 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 JUN 30 AM 9:34

DOCUMENT # **M55375** **(3)**

1. Corporation Name

MACON LAND & CATTLE COMPANY

Principal Place of Business	Mailing Address
1000 PONCE DE LEON BLVD. SUITE 212 CORAL GABLES FL 33134	1000 PONCE DE LEON BLVD. SUITE 212 CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/13/1987
3a. Date of Last Report: 03/16/1994

2. Principal Place of Business	2a. Mailing Address
21 7780 SW 117 Av.	26 7780 SW 117 Av
Suite, Apt. #, etc 22 100	Suite, Apt. #, etc 27 100
City & State 23 MIAMI FL	City & State 28 MIAMI FL
Zip / Country 24 33183 / 25 DADE	Zip / Country 29 33183 / 30 DADE

4. FEI Number: 59-2824445 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. (Electronic Filing Only) Third Party Credit Card ☐ **$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
BOIKO, BRUCE M. 1000 PONCE DE LEON BLVD. SUITE 212 CORAL GABLES FL. 33134	01 Name: Bruce M. Boiko 02 Street Address (P.O. Box Number is Not Acceptable): 7780 SW 117 Av. 03: Suite 100 04 City: Miami FL 05 Zip Code: 33183

11. Pursuant to the provisions of Sections 607.1502 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] (Signature, typed or printed name of registered agent and date required) NOTE: Registered Agent signature required when reinstating. DATE: 6/14/95

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	BOIKO, BRUCE	12 NAME		
STREET ADDRESS	1000 PONCE DE LEON BLVD.	13 STREET ADDRESS	7780 SW 117 AV	
CITY-ST-ZIP	CORAL GABLES FL	14 CITY-ST-ZIP	MIAMI FL 33183	
TITLE	VD	21 TITLE		☑ Change ☐ Addition
NAME	RIVERO, ROLAND	22 NAME		
STREET ADDRESS	581 DESOTO BLVD.	23 STREET ADDRESS		
CITY-ST-ZIP	MIAMI SPRINGS FL	24 CITY-ST-ZIP		
TITLE	SD	31 TITLE		☐ Change ☐ Addition
NAME	RIVERO, ROBERT	32 NAME		
STREET ADDRESS	1450 LUDLAM DR.	33 STREET ADDRESS		
CITY-ST-ZIP	MIAMI SPRINGS FL	34 CITY-ST-ZIP		
TITLE	TD	41 TITLE		☑ Change ☐ Addition
NAME	LANGER, A. LESTER	42 NAME		
STREET ADDRESS	1000 PONCE DE LEON BLVD	43 STREET ADDRESS	7780 SW 117 AV	
CITY-ST-ZIP	CORAL GABLES FL	44 CITY-ST-ZIP	MIAMI FL 33183	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E034 (3/95)

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] 6/14/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date

084H074 CP