

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$01.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25)

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

FILED
 Oct 08 1998 8:00am
 Secretary of State

DOCUMENT # N97000001469 (2)

1. Corporation Name

REDLAND FARMING CENTENNIAL, INC.

Principal Place of Business

Mailing Address

4181 MALAGA AVENUE
 MIAMI FL 33133

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 MIAMI FL 33133

2. Principal Place of Business

21 FARM CORP
 Suite, Apt. #, etc.
 22 24705 SW 177 Ave
 City & State
 23 HOMESTEAD FL
 Zip Country
 24 33031 25 FLORIDA

2a Mailing Address

26 Box 1347
 Suite, Apt. #, etc.
 27
 City & State
 28 Homestead FL
 Zip Country
 29 33030 30 MIAMI

9. Name and Address of Current Registered Agent

ROEDEL, KITTY
 4181 MALAGA AVENUE
 MIAMI FL 33133

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

3. Date Incorporated or Qualified

03/10/1997

4. FEI Number

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

7. Is this nonprofit corporation a homeowners association?

Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

Yes No

10. Name and Address of New Registered Agent

NOBLE HENDRIX
 25399 SW 157 AVE
 HOMESTEAD FL 33031

11. Pursuant to the provisions of sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *James Noble*
 Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-issuing)

9/29/98
 DATE

12. OFFICERS AND DIRECTORS

TITLE PD [] DELETE
 NAME CAMPBELL, EDWARD J
 STREET ADDRESS 24757 S.W. 167 AVENUE
 CITY-STATE-ZIP HOMESTEAD FL 33031
 TITLE VD [] DELETE
 NAME HENDRIX, NOBLE
 STREET ADDRESS 25399 S.W. 157 AVENUE
 CITY-STATE-ZIP HOMESTEAD FL 33031
 TITLE SD [] DELETE
 NAME JENSEN, BOB
 STREET ADDRESS 18640 S.W. 295 TERRACE
 CITY-STATE-ZIP HOMESTEAD FL 33030-2436
 TITLE TD [] DELETE
 NAME ROEDEL, KITTY
 STREET ADDRESS 4181 MALAGA AVENUE
 CITY-STATE-ZIP MIAMI FL 33133
 TITLE [] DELETE
 NAME [] DELETE
 STREET ADDRESS [] DELETE
 CITY-STATE-ZIP [] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE [] Change [] Addition
 1.2 NAME [] Change [] Addition
 1.3 STREET ADDRESS [] Change [] Addition
 1.4 CITY-STATE-ZIP [] Change [] Addition
 2.1 TITLE [] Change [] Addition
 2.2 NAME [] Change [] Addition
 2.3 STREET ADDRESS [] Change [] Addition
 2.4 CITY-STATE-ZIP [] Change [] Addition
 3.1 TITLE [] Change [] Addition
 3.2 NAME [] Change [] Addition
 3.3 STREET ADDRESS [] Change [] Addition
 3.4 CITY-STATE-ZIP [] Change [] Addition
 4.1 TITLE [] Change [] Addition
 4.2 NAME [] Change [] Addition
 4.3 STREET ADDRESS [] Change [] Addition
 4.4 CITY-STATE-ZIP [] Change [] Addition
 5.1 TITLE [] Change [] Addition
 5.2 NAME [] Change [] Addition
 5.3 STREET ADDRESS [] Change [] Addition
 5.4 CITY-STATE-ZIP [] Change [] Addition
 6.1 TITLE [] Change [] Addition
 6.2 NAME [] Change [] Addition
 6.3 STREET ADDRESS [] Change [] Addition
 6.4 CITY-STATE-ZIP [] Change [] Addition

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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *James Noble*
 Signature, typed or printed name of signing officer or director

9/29/98 305-245-2146
 Date Secretary of State

CR2E037 (5/98)