

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # P92000011802 (5)

1. Corporation Name

MARGO BAY FARMS, INC.

Principal Place of Business

Mailing Address

P. O. BOX 706  
DORADO PR 00646

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DORADO PR 00646

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 12/15/1992  
3a. Date of Last Report 05/11/1994

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number  
59-2142653

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 COMPANY OF MIAMI  
201 S BISCAYNE BLVD  
1600 MIAMI CENTER  
MIAMI FL 33131

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 registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  
NAME SPECTOR, MICHAEL J  
STREET ADDRESS 19995 SW 194TH AVE  
CITY-ST-ZIP MIAMI FL 33187

11 TITLE  Change  Addition

TITLE D  
NAME SPECTOR, MARGARET D  
STREET ADDRESS 19995 SW 194TH AVE  
CITY-ST-ZIP MIAMI FL 33187

12 NAME  Change  Addition

TITLE D  
NAME FERRAIUOLI, BLAS R  
STREET ADDRESS 19995 SW 194TH AVE  
CITY-ST-ZIP MIAMI FL 33187

13 STREET ADDRESS  Change  Addition

TITLE D  
NAME MOSS, FREDERICK D  
STREET ADDRESS 19995 SW 194TH AVE  
CITY-ST-ZIP MIAMI FL 33187

14 CITY-ST-ZIP  Change  Addition

TITLE VPT  
NAME ORTEGA, ALFONSO A  
STREET ADDRESS 19995 SW 194TH AVE.  
CITY-ST-ZIP MIAMI FL

15 CITY-ST-ZIP  Change  Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

16 CITY-ST-ZIP  Change  Addition

17 CITY-ST-ZIP  Change  Addition

18 CITY-ST-ZIP  Change  Addition

19 CITY-ST-ZIP  Change  Addition

20 CITY-ST-ZIP  Change  Addition

21 CITY-ST-ZIP  Change  Addition

22 CITY-ST-ZIP  Change  Addition

23 CITY-ST-ZIP  Change  Addition

24 CITY-ST-ZIP  Change  Addition

25 CITY-ST-ZIP  Change  Addition

26 CITY-ST-ZIP  Change  Addition

27 CITY-ST-ZIP  Change  Addition

28 CITY-ST-ZIP  Change  Addition

29 CITY-ST-ZIP  Change  Addition

30 CITY-ST-ZIP  Change  Addition

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 110.07(3)(b), 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 (Change) or on an attachment with an address.

SIGNATURE:

*Alfonso Ortega*  
ALFONSO ORTEGA

1-18-95

809-883-2570

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number