

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

**PROFIT
CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # P92000011802 (5)

1. Corporation Name

MARGO BAY FARMS, INC.

Principal Place of Business

**P. O. BOX 706
DORADO PR 00646**

Mailing Address

**P. O. BOX 706
DORADO PR 00646**



3. Date Incorporated or Qualified

12/15/1992

3a. Date of Last Report

02/07/1995

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

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

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, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**D
SPECTOR, MICHAEL J
19995 SW 194TH AVE
MIAMI FL 33187**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**D
SPECTOR, MARGARET D
19995 SW 194TH AVE
MIAMI FL 33187**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**D
FERRAIUOLI, BLAS R
19995 SW 194TH AVE
MIAMI FL 33187**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**D
MOSS, FREDERICK D
19995 SW 194TH AVE
MIAMI FL 33187**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

**VPT
ORTEGA, ALFONSO A
19995 SW 194TH AVE.
MIAMI FL**

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

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)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)