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**Feb 25 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 00646-0706

3. Date Incorporated or Qualified 12/15/1992	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2142653	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt #, etc	26. Suite, Apt #, etc
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip	29. Zip
25. Country	30. Country

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
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	SPECTOR, MICHAEL J	
STREET ADDRESS	19995 SW 194TH AVE	
CITY - ST - ZIP	MIAMI FL 33187	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SPECTOR, MARGARET D	
STREET ADDRESS	19995 SW 194TH AVE	
CITY - ST - ZIP	MIAMI FL 33187	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FERRAJUOLI, BLAS R	
STREET ADDRESS	19995 SW 194TH AVE	
CITY - ST - ZIP	MIAMI FL 33187	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MOSS, FREDERICK D	
STREET ADDRESS	19995 SW 194TH AVE	
CITY - ST - ZIP	MIAMI FL 33187	
TITLE	VPT	<input type="checkbox"/> DELETE
NAME	ORTEGA, ALFONSO A	
STREET ADDRESS	19995 SW 194TH AVE.	
CITY - ST - ZIP	MIAMI FL	
TITLE	VP Production	<input type="checkbox"/> DELETE
NAME	FRADERA, GUILLERMO	
STREET ADDRESS	19995 SW 194TH AVE.	
CITY - ST - ZIP	MIAMI FL 33187	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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: *Alfonso Ortega* ALFONSO D ORTEGA 1/8/97 787-883-2590
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)