FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000019053 1. Corporation Name

LATIF FARMS INC.

FILED Feb 11, 1999 8:00am **Secretary of State**

02-11-1999 90015 021 ***150.00



Principal Place of Business Mailing Address					-	iti na izi na raz	JIQIQ IOILE BOIOL	#
1660 NW 82 AVE		1660 NW 82 AVE	1660 NW 82 AVE		1			
MIAMI FL 33126		MIAMI FL 33126			DO NOT WRITE IN THIS SPACE			
us u		us	US		3. Date Incorporated or Qualifed			
					03/09/1993			
2 Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number		Ap	plied For
─ ┐ '	1				65-0398685		No	t Applicable
Suite, Apt. i	# etc	Suite, Apt. #, etc.					\$8.75	Additional
22	,	27			5. Certifcate of Status Desired		Fee Re	quired
City & State	9	City & State			6. Election Campaign Financing		\$5.00	May Be
23		28			, Trust Fund Contribution		Added t	o Fees
Zip	Country	Zip	Country	у	8. This corporation owes the curr	ent year Int		
24	25	29 30			Personal Property Tax.		□Yes	□No
	9. Name and Address of Currer	nt Registered Agent		 	10. Name and Address of New F	legistered	Agent	
			81	Name				,
ARROCHA, ARMANDO			82	Street Addre	ess (P.O. Box Number is Not Accepta	ıble)		
1660 NW 82 AVE					2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -		2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	37 93
MIAN	M FL 33126		83	*			14.	
			84	City	35 44 8		85 Zip (Code
~			_	<u> </u>		FL	shanaina ita	rogistered
office or re	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	ent Finnda. Such change was autho	nizea di	ville corporatio	oration submits this statement for the n's board of directors. I hereby acce	ot the appoi	ntment as re	gistered
SIGNATURE						DATE		
	Signature, typed or printed name of registered age	ent and title if applicable. (NOTE: Reg ND DIRECTORS	13.	ent signature required	when reinstating) ADDITIONS/CHANGES TO OF		ID DIRECTO	DRS IN 12
12.		DELETE	1.1 TITLE		. 4.3		☐ Change	Addition
TITLE	D Latif, mohamed sidik		1.2 NAME				,	İ
NAME	1660 NW 82 AVE			ET ADDRESS				. 1
STREET ADDRESS	MIAMI FL 33126		1.4 CITY-					
CITY-ST-ZIP TITLE	N 100 120	☐ DELETE	2.1 TITLE	5, <u>L</u>			☐ Change	Addition
NAME	ARROCHA, ARMANDO		2.2 NAME				• • • •	
STREET ADDRESS	1660 NW 82 AVE		2.3 STREI	ET ADDRESS	,			
	MIAMI FL 33126		2. 4 CITY-					
CITY-ST-ZIP TITLE	WIFAWI I E GOTEG	☐ DELETE	3.1 TITLE				☐ Change	☐ Addition
NAME			3.2 NAME					
STREET ADDRESS	,		3.3 STRE	ET ADDRESS			4 14 14	
CITY-ST-ZIP			3.4. CITY-	ST-ZIP	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	;		1. 3
TITLE		☐ DELETE	4.1 TITLE			,	☐ Change	Addition
NAME			4. 2 NAME					,
STREET ADDRESS			4.3 STRE	ET ADDRESS				
CITY-ST-ZIP			4.4 CITY-	ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE		·		Change	☐ Addition
NAME			5.2 NAME		i ·			
STREET ADDRESS			5.3 STRE	ET ADDRESS	,			
CITY-ST-ZIP			5.4 CITY-		·			
TITLE		☐ DELETE	6.1 TITLE				☐ Change	☐ Addition
NAME	•		6.2 NAME	1				
STREET ADDRESS		<i>,</i>		ET ADDRESS				
CITY- ST. 7IP		/ //	6.4 CITY	€ T-ZIP	<u></u>			

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 eccurate 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 an artistachment with an address, with all other like empowered.

SIGNATURE: