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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000023203 (1)

BLANCO PASOFINO FARM CORP.

## **FILED** Apr 18 1997 8:00am Secretary of State



Principal Place of Business Mailing Address 3061 SW 12TH ST 3061 SW 12TH ST							
MIAMI FL 33		MIAMI FL 33195-4717					
					3. Date Incorporated or Qualified Sa. Date of Last Report 03/29/1993 04/29/1996		
2. Principal	Place of Business	2a. Mailing Address			4, FEI Number	1	Applied For
1	26				65-0406182		Not Applicable
Suite, Ap	t #, etc.	Suite, Apt. #, etc.	,		5. Certificate of Status Desired	1 1 7 7	.75 Additional
City & Sta	ote	City & State			<u> </u>	<del></del>	ee Required
B City & Citalo		}¬ *	28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
<i>7</i> ıp	Country	Zip	Cou	intry	8. This corporation has liability for i		
4	25	29	30			Yes No	
	9, Name and Address of C	Surrent Registered Agent			10. Name and Address of New Re	gistered Agent	
	anco, Juan		;	B1 Name	•		
3061 SW 12TH ST				82 Street Add	dress (P.O. Box Number is Not Acceptab	ile)	
MIAMI FL 33135							
				83			
				84 City		85	Zip Code
					rporation submits this statement for the pation's board of directors. I hereby accept	PLI	
12.		RS AND DIRECTORS	13.		ulred when reinstating) ADDITIONS/CHANGES TO OFFICE		
TIFLE	DP	☐ DELETE	1.1 T(	TLE		□ Cr	hange Additio
MAME	BLANCO, JUAN		1.2 Nz	AME			
STREET ADDRESS				TREET ADDRESS			
CITY - S? - ZIP TITLE	MIAMI FL 33155 DS	DELETE		TY-ST-ZIP		□ cı	hange Additio
NAME	BURNSIDE, MARY B	E. DECEN	2.7 17 2.2 N/			L., VI	ininge //oditio
STREET ADDRESS	ARAL OUL APPLIANT			TREET ADDRESS .			
CITY - ST - ZIP	MIAMI FL 33155			ITY-ST-ZIP			
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NAME			32 N	AME			
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City - St - Zip Title Name Street Address			4. 2 N 4.3 S1 4.4 Ci 5.1 T1 5.2 N 5.3 S	IAME TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS	:	·	
City-St-Zip Title Name Street Address City-St-Zip			4. 2 N 4.3 S1 4.4 CI 5.1 TI 5.2 N 5.3 S' 5.4 CI	IAME ITREET ADDRESS ITY - ST - ZIP TLE AME TREET ADDRESS ITY - ST - ZIP		·	hange 🔲 Additio
City St-Zip Title Name Street Address City St-Zip Title		☐ DELETE	4.2 M 4.3 ST 4.4 CD 5.1 TI 5.2 N 5.3 S' 5.4 CD E 6.1 TI	IAME ITREET ADDRESS ITY - ST - ZIP TLE AME TREET ADDRESS ITY - ST - ZIP		□ Ci	hange 🔲 Additio
CITY - ST-ZIP TIFLE NAME STREET ADDRESS CHY - ST-ZIP TITLE NAME	s	☐ DELETE	4.2 M 4.3 SI 4.4 CI 5.1 TI 5.2 N 5.3 S' 5.4 CI E 6.1 TI 6.2 N	IAME ITREET ADDRESS ITY - ST - ZIP TLE AME ITREET ADDRESS ITY - ST - ZIP TLE		□ Ci	hange Addition
STREEL ADDRESS CITY - ST - ZIP TITLE NAME STREEL ADDRESS CITY - ST - ZIP TITLE NAME STREEL ADDRESS CITY - ST - ZIP	s	☐ DELETE	4.2 M 4.3 SI 4.4 GI 5.1 TI 5.2 N 5.3 S' 5.4 GI 6.1 TI 6.2 N 6.3 S'	IAME  ITREET ADDRESS  ITY - ST - ZIP  TLE  AME  ITHEET ADDRESS  ITY - ST - ZIP  TLE  AME		□ Ci	hange Addition

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 receiper 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 one of stackment with an address.

SIGNATURE

Daytime Phone #