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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P93000023203**

Principal Place of Business

BLANCO PASOFINO FARM CORP.

3061 SW 12TH ST MIAMI FL 33135		3061 SW 12TH ST MIAMI FL 33135		DO NOT WRITE IN THIS	SPACE			
					3. Date Incorporated or Qualifed 03/29/1993			
2. Principal Pl	ace of Business	2a. Mailing Address		·	4. FEI Number		Applied	
21		26			65-0406182		Not App	
Suite, Apt. 1	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired		75 Additi e Require	
City & State)	City & State			Election Campaign Financing Trust Fund Contribution		.00 May ded to Fed	
Zip 24	Country 25	- ·			8. This corporation owes the current year Intangible Personal Property Tax. Yes No			
24	9. Name and Address of Cur				10. Name and Address of New Registered	Agent		
			81	Name				
	NCO, JUAN SW 12TH ST		82	Street Ac	ddress (P.O. Box Number is Not Acceptable)			
MIAN	AI FL 33135		83					
			84	City	FL	85	Zip Code	
office or re agent. I an	agistered agent or both in the Sta	ate of Flonda. Such change was authorigations of, Section 607.0505, Florida	Statutes	tne corpora	orporation submits this statement for the purpose of ation's board of directors. I hereby accept the appoint the a	itment a	as registe	red
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRE	CTORS I	N 12
TITLE	DP	☐ DELETE	1.1 TITLE			Cha	inge 🗆	Addition
NAME	BLANCO, JUAN		1.2 NAME					İ
STREET ADDRESS	2821 SW 65TH AVE		1.3 STREE	T ADDRESS				
CITY-ST-ZIP	MIAMI FL 33155		1.4 CITY-S	T-ZIP		☐ Cha) Addition
TITLE	DS	☐ DELETE	2.1 TITLE			[_] Cila	nige [) Addition)
NAME	BURNSIDE, MARY B		2.2 NAME					Ì
STREET ADDRESS	2821 SW 65TH AVE			TADDRESS				ļ
CITY-ST-ZIP	111111111111111111111111111111111111111		2.4 CITY-S 3 1 TITLE	ST-ZIP		Cha	nge	Addition
TITLE			3.2 NAME				•	•
NAME STREET ADDRESS				T ADDRESS				l
CITY-ST-ZIP			3.4. CITY-S					
TITLE		☐ DELETE	4.1 TITLE			Cha	inge [] Addition
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREE	TADDRESS				-
CITY-ST-ZIP			4.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	5.1 TITLE			Cha	ange _] Addition
NAME			5.2 NAME					
STREET ADDRESS				TADDRESS				ļ
CITY-ST-ZIP		E per e	5.4 CITY-S 6.1 TITLE	T-ZIP		Cha	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Addition
TITLE		☐ DELETE	6.2 NAME			una	arye L	7 40011011
NAME				TADDRESS				
STREET ADDRESS			0.3 STREE	I VIDINE 20				

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

D OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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 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 deprovation 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 planged, or on an attachment with an address, with all other like empowered. JUAN BLANCO 4/20/99

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90164 025 ***150.00

305-665-0339