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Feb 26, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000058136

1. Corporation Name

IDEAL FARMS, INC.

Principal Place of Business

12875 SW 199TH AVE
MIAMI FL 33196
US

Mailing Address

12875 SW 199TH AVE
MIAMI FL 33196
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/10/1993

4. FEI Number

65-0524230

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

30

9. Name and Address of Current Registered Agent

PEREZ-GALAN, MANUEL
6331 NW 198 TERR
MIAMI FL 33015

10. Name and Address of New Registered Agent

81

Name

PEREZ-GALAN, MANUEL

82

Street Address (P.O. Box Number is Not Acceptable)

12875 SW 199 AVE

83

84

City

MIAMI

FL

85

Zip Code

33196

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-26-99

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE	D
NAME	GALAN, MANUEL P
STREET ADDRESS	18927 NW 63 CT. CIRCLE
CITY-ST-ZIP	MIAMI FL 33015

TITLE	D
NAME	GALAN, PAUL P
STREET ADDRESS	18927 NW 63 CT. CIRCLE
CITY-ST-ZIP	MIAMI FL 33015

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	12875 SW 199TH AVE
1.4 CITY-ST-ZIP	MIAMI, FL 33196

2.1 TITLE	
2.2 NAME	
2.3 STREET ADDRESS	12875 SW 199TH AVE
2.4 CITY-ST-ZIP	MIAMI, FL 33196

3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 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 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-26-99 (305) 255-2695

CR2E034 (11/98)