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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

P93000069962 (7)

PINAR FARMS, INC.

rincipal Piace of Business	Mailing Addres
536 N.W. 23 COURT	536 N.W. 2



MIAMI FL 33125-442	4		536 N.W. 23 COURT MIAMI FL 33125-4424			3. Date incorporated or Qualified 10/07/1993	3a. Date o	1/24/199	3 5
		20	Maling Address			4. FEI Number		L	plied For
Principal Place of Bu	usiness	26	Walley Maskers			65-0479642			Applicable
A to the state		1.01	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 A	
Suite, Apt. #, etc.		27						\$5.00	
City & State			City & State			Election Campaign Financing Trust Fund Contribution		-	to Fees
Only to Onnio		28				This corporation has liability for	r intangible tax	under s 1	99.032
Zıp	Country	29	Z _I p Country		ry	Florida Statutes XYe	s LINO		
25			harad Agon)	30		10. Name and Address of New Registered Agent			
9. No	ame and Address of Curren	it Hegis	stered Agent		1 Name				
				ļ.	Chroat Addr	ess (P.O. Box Number is Not Accepta	able)		
ACOSTA, JU	STO L			6	Street Addr	ess (1.6. co			
536 N.W. 23	COURI			1	33				
MIAMI FL 33	125-4424				34 City			85 Zip	Code
						ration submits this statement for the pard of directors. Thereby accept the ap	<u> </u>		scietosad offici
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I do hereby certify that the information supplied with this filling is voluntarily turnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes 11 units 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 undo cath, 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 by an attachment with an address. 4-28-96 365-267-8899

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: