

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

FILED
Apr 24 1997 8:00am
Secretary of State

DOCUMENT # P94000026949 (5)

1. Corporation Name
MILL CREEK FARMS, INC.



Principal Place of Business 7555 SW 82 AVENUE STE 305 MIAMI FL 33143 US		Mailing Address 7555 SW 82 AVE STE 305 MIAMI FL 33143-3806 US	
3. Date Incorporated or Qualified 04/08/1994		3a. Date of Last Report 05/01/1996	

2. Principal Place of Business		2a. Mailing Address		4. FEI Number 65-0482899		Applied For Not Applicable	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
22. City & State		27. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23. Zip		28. Zip		6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
24. Country		29. Country					

9. Name and Address of Current Registered Agent SKINNER, TRACY A STE 305 4675 PONCE DE LEON BLVD CORAL GABLES FL 33146				10. Name and Address of New Registered Agent			
81. Name							
82. Street Address (P.O. Box Number is Not Acceptable)							
83. City							
84. City				85. Zip Code FL			

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

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	NAME	ROUSE, THOMAS C	1.1 TITLE		1.2 NAME	
STREET ADDRESS		STREET ADDRESS	4675 PONCE DE LEON BLVD STE 305	1.3 STREET ADDRESS		1.4 CITY - ST - ZIP	
CITY - ST - ZIP		CITY - ST - ZIP	CORAL GABLES FL	2.1 TITLE		2.2 NAME	
TITLE		TITLE		2.3 STREET ADDRESS		2.4 CITY - ST - ZIP	
NAME		NAME		3.1 TITLE		3.2 NAME	
STREET ADDRESS		STREET ADDRESS		3.3 STREET ADDRESS		3.4 CITY - ST - ZIP	
CITY - ST - ZIP		CITY - ST - ZIP		4.1 TITLE		4.2 NAME	
TITLE		TITLE		4.3 STREET ADDRESS		4.4 CITY - ST - ZIP	
NAME		NAME		5.1 TITLE		5.2 NAME	
STREET ADDRESS		STREET ADDRESS		5.3 STREET ADDRESS		5.4 CITY - ST - ZIP	
CITY - ST - ZIP		CITY - ST - ZIP		6.1 TITLE		6.2 NAME	
TITLE		TITLE		6.3 STREET ADDRESS		6.4 CITY - ST - ZIP	
NAME		NAME					
STREET ADDRESS		STREET ADDRESS					
CITY - ST - ZIP		CITY - ST - ZIP					

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 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 on an attachment with an address.

SIGNATURE:

THOMAS C ROUSE

4/21/97 305 224 1232

CR2E034 (9/96)