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

**PROFIT CORPORATION** ANNUAL REPORT

**1998** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P9400060175 (4)

**B.Y. BARRERA HARVESTING CORPORATION** 

## **FILED** Jun 01 1998 8:00am Secretary of State



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Principal Place of Business Mailing Address										i lättivätt ira lajit ajali säitt aaiti s	18414 B\$148 \$194	I <b>Pu</b> lul Ri		i Alit iffi	
1394 N.E. WAYNE ARCADIA FL 33821				P.O. BOX 1606 ARCADIA FL 33821						DO NOT WRITE IN THIS SPACE					
									ľ	3. Date Incorporated or Qualified					7
										08/16/1994					
2. Principal f	Place of Busin	ness	<u> </u>	_	ng Address				-	4. FEI Number		ļ_		olied For	_
21				26						59-3277786				Applicable	4
Suite, Apt. #, etc.				Suite, Apt. #, etc.						5. Certificate of Status Desired	Œ	Fe	e Rec	dditional quired	
City & State				City & State					ľ	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees					
Zip	Country			Zip Cou			ountry			8. This corporation owes or has p	aid the cur	rent yea	ar Inta	ngible	7
24	25			29 30						Personal Property Tax due June 30. Yes No					
	9, Name	of Current Re	Registered Agent				10. Name and Address of New Registered				d Agent				
VA	NN <b>Ne</b> ss, v	/ILMA					81	Name							
2091 NE OPAL DR ARCADIA FL 34266							82	Street	Address	ress (P.O. Box Number is Not Acceptable)					
					;	٠.	83								1
	_						84	City			FL	85	Zip C	ode	
office or	registered ag	jent, or both, in	the State of Fi	orida Su	ich change was	authorize	d by	the corp		ation submits this statement for the 's board of directors. I hereby acce					
agent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE															
SIGNATURE	Signature, typico	or printed name of r	egistered agent and	title it app's	able (NOI	ff . Registere	d Age	anulangia In	e required v	hen reinstating)	DATE				_ <
12.	Y	OFFI	CERS AND DIF	R CTOR		13.			т	ADDITIONS/CHANGES TO OFFI	CERS AND				10/0/
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	certify that th	e information s	upplied with th	is filing o	ioes not qualify f				ed in Se	ction 119.07(3)(i), Florida Statutes.	I further ce	rtify tha	t the i	nformation	1

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 attachingly with an address.