

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

97 OCT 13 AM 11:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P94000070578 (7)

1. Corporation Name
THE FARM, INC.

Principal Place of Business
**11999 S.W. 248 STREET
MIAMI FL 33032**

Mailing Address
**11999 S.W. 248 STREET
MIAMI FL 33032**

REINSTATEMENT

THIS STATEMENT OF THE CORPORATION OR PARTNER OF PARTNERSHIP
Date of Last Report
09/23/1994 **12/09/1996**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		65-0316826		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		28		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
23		28		29		<input type="checkbox"/> Yes <input type="checkbox"/> No	
Zip		Country		Zip		Country	
24		25		29		30	

9. Name and Address of Current Registered Agent

**STARKMAN, MARK R
2655 LEJEUNE ROAD
PENTHOUSE I-D
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

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 **MARK STARKMAN**

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	PTD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COURET, JUAN	1.2 NAME	
STREET ADDRESS	11999 S.W. 248 STREET	1.3 STREET ADDRESS	200002326092--8
CITY-ST-ZIP	MIAMI FL 33032	1.4 CITY-ST-ZIP	-10/21/97--01081--015
TITLE	VPD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	***750.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASALLAS, ABRAHAM CASALLAS, ABRAHAM	2.2 NAME	***750.00
STREET ADDRESS	11999 S.W. 248 STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33032	2.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVAREZ, ARQUIMIDES ALVAREZ, ARQUIMIDES	3.2 NAME	
STREET ADDRESS	11999 S.W. 248 STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33032	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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: **Walter Amador**

10/9/97 (305) 258-6040

CR2E034 (4/97)