

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

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

97 OCT 13 AM 11:49

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		5a. Date of Last Report	
21		26		09/23/1994		12/09/1996	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		65-0316826		Applied For	
23 City & State		28 City & State		5. Certificate of Status Desired		Not Applicable	
24 Zip		29 Zip		6. Election Campaign Financing		\$8.75 Additional Fee Required	
25 Country		30 Country		Trust Fund Contribution		\$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		Yes No	

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 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	Change 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	2.1 TITLE	Change Addition
NAME	<del>CASALLAS, ABRAHAM</del> CASALLAS, ABRAHAM	2.2 NAME	****750.00 ****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	3.1 TITLE	Change Addition
NAME	<del>ALVAREZ, ARQUIMIDES</del> 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		4.1 TITLE	Change Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	Change Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	Change 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: WILLIAM COURET 10/9/97 (305) 258-6040

CR2E034 (4/97)