

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

FILED
Jan 26 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		09/23/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0316826	
City & State		City & State		Applied For	
23		28		Not Applicable	
Zip		Country		5. Certificate of Status Desired	
24		25		7	
29		30		\$8.75 Additional Fee Required	
26		31		6. Election Campaign Financing	
27		32		Trust Fund Contribution	
28		33		7. This corporation owes or has paid the current year Intangible	
29		34		Personal Property Tax due June 30.	
30		35		8. Yes No	

9. Name and Address of Current Registered Agent

STARKMAN, MARK R
2855 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* (Everything the same) 1/8/98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	
NAME	COURET, JUAN	1.2 NAME	
STREET ADDRESS	11999 S.W. 248 STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33032	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	
NAME	CASALLAS, ABRAHAM	2.2 NAME	
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	
NAME	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	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 *Juan Couret* 1/8/98 (705) 254-1010

CR2E034 (10/97)