

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000073040 (5)**

1. Corporation Name

MAGNA FARMS, INC.



Principal Place of Business

**2005 N.W. 70TH AVE.
SUITE 104
MIAMI FL 33126**

Mailing Address

**2005 N.W. 70TH AVE.
SUITE 104
MIAMI FL 33126**

2. Principal Place of Business

2a. Mailing Address

21 **P.O. BOX 520095**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State
MIAMI, FLORIDA

23 Zip Country

28 Zip Country
33152-0095

3. Date Incorporated or Qualified

10/05/1994

3a. Date of Last Report

10/24/1995

4. FEI Number

65-0526457

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**FIRST UNION FINANCIAL CENTER
200 S. BISCAYNE BLVD.
STE. 2100
MIAMI FL 33131**

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

Signature typed or printed (must be of registered agent or of the corporation)

(NOTE: Registered Agent Signature required when substituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME
P LARA, HERNAN
STREET ADDRESS
CALLE 8A-12
CITY- ST- ZIP
BOGOTA, COLUMBIA

TITLE ☐ DELETE

NAME
V CALDERON, GUILLERMO
STREET ADDRESS
KRA 12A 83-75 OFICINA 301
CITY- ST- ZIP
BOGOTA, COLUMBIA

TITLE ☐ DELETE

NAME
T RAMIREZ, FELIPE
STREET ADDRESS
TRANSVERSAL 17 #100-20 OFICINA 701
CITY- ST- ZIP
BOGOTA, COLUMBIA

TITLE ☐ DELETE

NAME
S DE NARVAEZ, RODRIGO
STREET ADDRESS
3859 ALCANTARA AVE.
CITY- ST- ZIP
MIAMI FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ Change ☐ Addition

NAME
P RAMIREZ, FELIPE
STREET ADDRESS
TRANSV 17 #100-20 OFICINA 701
CITY- ST- ZIP
BOGOTA, COLOMBIA

2. TITLE ☐ Change ☐ Addition

NAME
V JARAMILLO, MAURICIO
STREET ADDRESS
KRA 32 #125-42 OFICINA 403
CITY- ST- ZIP
BOGOTA, COLOMBIA

3. TITLE ☐ Change ☐ Addition

NAME
T CALDERON, GUILLERMO
STREET ADDRESS
KRA 12A 83-75 OFICINA 301
CITY- ST- ZIP
BOGOTA, COLOMBIA

4. TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY- ST- ZIP

5. TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY- ST- ZIP

6. TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 addition with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-10/96

CR2E034 (12/95)