

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90079 049 ***158.75

DOCUMENT # P94000086018

\$158.75

1. Corporation Name
B & L FARMS, INC.

Principal Place of Business

10800 BISCAYNE BLVD., SUITE 810
MIAMI FL 33161

Mailing Address

10800 BISCAYNE BLVD., SUITE 810
MIAMI FL 33161

RECEIVED

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/17/1994

4. FEI Number

65-0538915

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 10800 Biscayne Blvd

Suite, Apt. #, etc.

22 #440

City & State

23 North Miami FL

Zip

24 33161

Country

25 USA

2a. Mailing Address

26 10800 Biscayne Blvd

Suite, Apt. #, etc.

27 #440

City & State

28 North Miami FL

Zip

29 33161

Country

30 USA

9. Name and Address of Current Registered Agent

MARQUEZ, LIONEL
10800 BISCAYNE BLVD., SUITE 810
MIAMI FL 33161

10. Name and Address of New Registered Agent

81 Name

82 Marquez, Lionel

83 Street Address (P.O. Box Number is Not Acceptable)

84 10800 Biscayne Blvd #440

85 North Miami

City

FL

Zip Code

33161

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 name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME MARQUEZ, LIONEL
STREET ADDRESS 10800 BISCAYNE BLVD., SUITE 810
CITY-ST-ZIP MIAMI FL 33161

TITLE DV ☐ DELETE
NAME LADENHEIM, YALE
STREET ADDRESS 10800 BISCAYNE BLVD., SUITE 810
CITY-ST-ZIP MIAMI FL 33161

TITLE STD ☒ DELETE
NAME FROST, MELANIE
STREET ADDRESS 10800 BISCAYNE BLVD., SUITE 810
CITY-ST-ZIP MIAMI FL 33161

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME STD
3.3 STREET ADDRESS Lionel Marquez
3.4 CITY-ST-ZIP 10800 Biscayne Blvd #440
N. Miami FL 33161

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

Signature and typed or printed name of signing officer or director

Date

Daytime Phone #

CR2E034 (11/98)