

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P94000088424 (4)**

1. Corporation Name

**JACINTO TROPICAL FARMING INC.**



Principal Place of Business

Mailing Address

20175 SW 152ND ST  
MIAMI FL 33165  
US

11495 SW 56 STREET  
MIAMI FL 33165

3. Date Incorporated or Qualified <b>12/05/1994</b>	3a. Date of Last Report <b>02/14/1995</b>
4. FEI Number <b>65-0547183</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business <b>20175 SW 152ST</b>	2a. Mailing Address
22. City & State <b>Miami FL</b>	27. City & State
23. Zip <b>33187</b>	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FERNANDEZ, JUANA J  
11495 SW 56 STREET  
MIAMI FL 33165**

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 for Form 12 or 13 is required and filed with application. (2011) Registered Agent Signature required for Form 13. Date

12. OFFICERS AND DIRECTORS

12.1 NAME <b>D FERNANDEZ, JUANA J</b>	<input type="checkbox"/> DELETE
12.2 STREET ADDRESS <b>20175 SW 152 STREET</b>	
12.3 CITY - ST - ZIP <b>MIAMI FL 33196</b>	
12.4 NAME <b>C GUTIERNEZ, JORGE</b>	<input type="checkbox"/> DELETE
12.5 STREET ADDRESS <b>5490 SW 102ND AVE</b>	
12.6 CITY - ST - ZIP <b>MIAMI FL</b>	
12.7 NAME <b>M SUBIRANA, VICTOR</b>	<input checked="" type="checkbox"/> DELETE
12.8 STREET ADDRESS <b>3726 SW 83RD AVE</b>	
12.9 CITY - ST - ZIP <b>MIAMI FL</b>	
12.10 NAME <b>S GUITERREZ, MONICA</b>	<input type="checkbox"/> DELETE
12.11 STREET ADDRESS <b>5940 SW 102ND AVE.</b>	
12.12 CITY - ST - ZIP <b>MIAMI FL 33173</b>	
12.13 NAME	<input type="checkbox"/> DELETE
12.14 STREET ADDRESS	
12.15 CITY - ST - ZIP	
12.16 NAME	<input type="checkbox"/> DELETE
12.17 STREET ADDRESS	
12.18 CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY - ST - ZIP	
13.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY - ST - ZIP	
13.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY - ST - ZIP	
13.13 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 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 attachment with an address.

SIGNATURE:

*Juana J Fernandez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Juana J Fernandez 2-10-96 305-2557885*  
Date Date of Filing

CR2E034 (12/95)