

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

FILED

Apr 24 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000000265 (5)**

1. Corporation Name

**SUGARHILL FARMS, INC.**

Principal Place of Business

**1059 "B" RD.  
LOXAHATCHEE FL 33470**

Mailing Address

**1059 "B" RD.  
LOXAHATCHEE FL 33470-4220**

3. Date Incorporated or Qualified  
**12/27/1994**

3a. Date of Last Report  
**04/23/1996**

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip

**25** Country

2a. Mailing Address

**26** **P.O. Box 875**

Suite, Apt. #, etc.

**27** City & State

**28** **Loxahatchee, FL**

**29** Zip

**33470**

**30** Country

**USA**

4. FEI Number  
**65-0541668**

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

**HEERAMAN, SUNDAR  
16244 E. AINTREE DR.  
LOXAHATCHEE FL 33470**

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 name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE  
NAME **MARAJ, SONNY**  
STREET ADDRESS **1059 "B" RD.**  
CITY-ST-ZIP **LOXAHATCHEE FL 33470**

TITLE **PT** ☐ DELETE  
NAME **HEERAMAN, SUNDAR**  
STREET ADDRESS **1059 "B" RD.**  
CITY-ST-ZIP **LOXAHATCHEE FL 33470**

TITLE **V** ☐ DELETE  
NAME **HEERAMAN, LINDA**  
STREET ADDRESS **1059 "B" RD.**  
CITY-ST-ZIP **LOXAHATCHEE FL**

TITLE **S** ☐ DELETE  
NAME **MARAS, GWENDELIN**  
STREET ADDRESS **PO BOX 875**  
CITY-ST-ZIP **LOXAHATCHEE 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

1.1 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  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

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 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:

*Gwendelin Maraj*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MARAJ, Sec.**

**4/19/97**

**561-790-6386**

0332401

CR2E034 (9/96)