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

DOCUMENT # P95000021081

1. Corporation Name

DANUBIO FARMS, INC.

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90228 035 ***150.00



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Principal Place of Business Mailing Address					I (Battann tin läint altit batti oni		11881 HEN AAIBI	EBEBT LIBE 1981
7001 N.W. 25TH STREET 7001 N.W. 25TH STREET MIAMI FL 33122 MIAMI FL 33122					DO NOT WRIT	F IN THIS	SPACE	
					3. Date Incorporated or Qualifed 03/14/1995			
Principal Place of Business 2a. Mailing Address					4. FEI Number		Ap	plied For
26					65-0497154			ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certifcate of Status Desired		\$8.75 A	beniupe
City & Stat	28				Election Campaign Financing Trust Fund Contribution	Added to Fees		
Zip 24	Country 25	Zip 29 34	Country	′ 	This corporation owes the curre Personal Property Tax.		Yes	□No
	9. Name and Address of Curr	ent Registered Agent	81	Nama	10. Name and Address of New R	egistered	Agent	
GUTIERREZ, HERNANDO			61	Name				
7001 N.W. 25TH STREET MIAMI FL 33122			82		ss (P.O. Box Number is Not Accepta	ble)		
MIAN	WI PL 33122		83					
	·		84	1 3		FL	. `` ``	Code
l office or r	egistered agent, or both, in the Sta	502 and 607.1508, Florida Statutes te of Florida. Such change was auth gations of, Section 607.0505, Florid	norized by	tne corporation	ration submits this statement for the n's board of directors. I hereby accep	purpose of t the appo	changing its intment as re	registered gistered
SIGNATURE	Signature, typed or printed name of registered a	count and little if applicable (NOTE: Ro	enistered Age	nt signature required	when reinstating)	DATE		———
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OF	ICERS A	ND DIRECTO	DRS IN 12
TITLE	PSD	☐ DELETE	1.1 TITLE	1			Change	Addition
NAME	GUTIERREZ, HERNANDO		1.2 NAME	- 1	·			ļ
STREET ADDRESS	7001 N.W. 25TH STREET		1.3 STREE	T ADDRESS				Í
CITY-ST-ZIP	MIAMI FL 33122		1.4 CITY-5	ST-ZIP				
TITLE		☐ DELETE	2.1 TITLE	1			Change	☐ Addition
NAME			2.2 NAME					
STREET ADDRESS			2.3 STREE	T ADDRESS				
CITY-ST-ZIP			2.4 CITY-	ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE				Change	Addition
NAME		•	3.2 NAME					
STREET ADDRESS		•	3.3 STREE	TADDRESS				
CITY-ST-ZIP			3.4. CITY-	ST-ZIP				- A 22000
TITLE		☐ DELETE	4.1 TITLE				☐ Change	Addition
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREE	T ADDRESS				ł
CITY-ST-ZIP			4.4 CITY-5	ST-ZIP			Change	☐ Addition
TITLE		☐ DELETE	5.1 TITLE				☐ Change	_
NAME			5.2 NAME	Į.				`
STREET ADDRESS			1	TADDRESS				
CITY-ST-ZIP			5.4 CITY-S 6.1 TITLE	31-ZIP			☐ Change	☐ Addition
TITLE		☐ DELETE					□ ⊘hange	□ \undergon
NAME			6.2 NAME					}
STREET ADDRESS			6.3 STREE	TADDRESS				
	1		■ KACRY•S	11.7P }				

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 DE QUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #