

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

**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90112 002 \*\*\*150.00

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # P95000023497**

1. Corporation Name

**HACIENDA CAREAGA PASO FINO FARMS, INC.**

Principal Place of Business

**12305 SW 45TH ST  
MIAMI FL 33175**

Mailing Address

**12305 SW 45TH ST  
MIAMI FL 33175**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**03/23/1995**

4. FEI Number

**65-0636619**

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

**21 17900 SW 50 CT.**

Suite, Apt. #, etc.

**22**

**City & State**  
**FT. LAUDERDALE, FL.**

**Zip** **Country**

**24 33331** **25 Broward**

2a. Mailing Address

**26 17900 SW 50 CT.**

Suite, Apt. #, etc.

**27**

**City & State**  
**FT. LAUDERDALE, FL.**

**Zip** **Country**

**29 33331** **30 Broward**

9. Name and Address of Current Registered Agent

**CAREAGA, BERNARDO  
12305 SW 45TH ST  
MIAMI FL 33175**

10. Name and Address of New Registered Agent

**81 Name CAREAGA, BERNARDO**

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

**83 17900 SW 50TH COURT**

**84 City FT LAUDERDALE FL 85 Zip Code 33331**

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 date if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

*[Signature]* **MARTHA L. CAREAGA 1/15/99**

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE

NAME **CAREAGA, BERNARDO**

STREET ADDRESS **12305 SW 45TH ST**

CITY-ST-ZIP **MIAMI FL 33175**

TITLE **D** ☐ DELETE

NAME **CAREAGA, MARTHA**

STREET ADDRESS **12305 SW 45TH ST**

CITY-ST-ZIP **MIAMI FL 33175**

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

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TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☒ Change ☐ Addition

1.2 NAME **BERNARDO CAREAGA** **(MAILING ONLY)**

1.3 STREET ADDRESS **17900 SW 50 CT.**

1.4 CITY-ST-ZIP **FT LAUDERDALE, FL 33331**

2.1 TITLE **D** ☒ Change ☐ Addition

2.2 NAME **MARTHA L. CAREAGA** **(MAILING ADDR. ONLY)**

2.3 STREET ADDRESS **17900 SW 50 CT.**

2.4 CITY-ST-ZIP **FT LAUDERDALE, FL 33331**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME ☐ Change ☐ Addition

3.3 STREET ADDRESS ☐ Change ☐ Addition

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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]* **REQUIRED**

Date

Daytime Phone #

**1/15/99 666-6636**

CR2E034 (1/198)