SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996 AMOUNT DUE ON OR BEFORE 8/1/96: \$225/JE DISSOWED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT SESTATE CORPORATION ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 **DOCUMENT #** P95000027806 (5) PRIMAVERA FARM INC. Mailing Address Principal Place of Business 630 SOUTH MASHTA DRIVE 630 SOUTH MASHTA DRIVE KEY BISCAYNE FL 33149 KEY BISCAYNE FL 33149 3a. Date of Last Report Date Incorporated or Qualified 04/07/1995 4, FEt Number Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt #, etc 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199.032 Country Zip Country Ζφ Yes No Florida Statutes 30 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name **GUTIERREZ V, HERNANDO** Street Address (P.O. Box Number is Not Acceptable) 82 7001 NW 25 ST #600 MIAMI FL 33122 83 Zip Code 85 84 City 11. Pursuant to the provisions of Sections 607.0502 and 607.4508, 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. Thereby accept the appointment as registered agent. I am the militar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOT) Respective Agest superform required when repeal shoop ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Harnando Gutierrez DELETE 7001 NW 25 St # 600 Change Addition 11 Table TITLE CR2E034 1.2 NAME NAME 1.3 STREET ADDRESS STREET ADDRESS Miomi 71 33122 Director 1.4 Cilh - ST- 2if CITY - ST - ZIF Change ____ Addition 2.1 T.ILE TITLE 2.2 NAME NAME 2 3 STREET ADORESS STREET ADORESS 2 4 City-St ZiP CITY-ST-ZIF Change Addition DELETE 3 1 TiTLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 Cilly-ST-ZP CITY - ST - ZIP Change Addition DELETE 4.1 THUE TITLE 4 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME + NAME 5 3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - 70P **700001910157**4098 -08/01/96--01011--023 CITY - S1 - ZIP Addition DELETE 61 TITLE TITLE 8 6.2 NAME NAME ***225.80 6.3 STREET ADDRESS STREET ADDRESS 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 Statules 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 trusted empowered to execute this report as required by Chapter 617, Florida Statules, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. 6.4 CITY - ST - ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR