FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
May 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # P95000048703 (9)

1. Corporation Name
SAVANA FARMS INC.

Principal Place of Business	Mailing Address
6995 NW 84TH AVENUE MIAMI FL 33166 US	6995 NW 84TH AVENUE MIAMI FL 33166-2618 US

3. Date Incorporated or Qualified: 06/15/1995
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business	2a. Mailing Address
21 444 Brickell Avenue	26 444 Brickell Avenue
Suite, Apt. #, etc. 22 Suite 210	Suite, Apt. #, etc. 27 Suite 210
City & State 23 miami, Fl	City & State 28 miami, FL
Zip 24 33131	Country 25 EE.UU
Zip 29 33131	Country 30 EE.UU

4. FEI Number: 65-0593886 ☐ 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	10. Name and Address of New Registered Agent
MORALES, AMPARO 6995 NW 84TH AVENUE MIAMI FL 33166	81 Name: Luz A. morales 82 Street Address (P.O. Box Number is Not Acceptable): 444 Brickell Av. Suite 210 83 miami, FL 84 City: FL 85 Zip Code: 33131

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ April 29/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DVP	☐ DELETE	1.1 TITLE	D/P	☒ Change ☐ Addition
NAME	ECHEVERRI, LUZ M		1.2 NAME	LUZ MARINA ECHEVERRI	
STREET ADDRESS	6995 NW 84TH AVENUE		1.3 STREET ADDRESS	444 Brickell Av Suite 210	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	Miami Fl 33131	
TITLE	DP	☒ DELETE	2.1 TITLE	D/VP	☐ Change ☒ Addition
NAME	ECHEVERRI, CESAR JR		2.2 NAME	GLORIA STELLA ECHEVERRI	
STREET ADDRESS	6995 NW 84TH AVENUE		2.3 STREET ADDRESS	444 Brickell Av Suite 210	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	Miami Fl 33131	
TITLE	DVP	☐ DELETE	3.1 TITLE	D/S	☒ Change ☐ Addition
NAME	ECHEVERRI, FERNAND		3.2 NAME	FERNANDO ECHEVERRI	
STREET ADDRESS	6995 NW 84TH AVENUE		3.3 STREET ADDRESS	444 Brickell Av Suite 210	
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	Miami Fl 33131	
TITLE	DVP	☐ DELETE	4.1 TITLE	D/VP	☒ Change ☐ Addition
NAME	ECHEVERRI, GERMAN		4.2 NAME	GERMAN ECHEVERRI	
STREET ADDRESS	6995 NW 84TH AVENUE		4.3 STREET ADDRESS	444 Brickell Av Suite 210	
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP	Miami Fl 33131	
TITLE	DVP	☐ DELETE	5.1 TITLE	D/VP	☒ Change ☐ Addition
NAME	ECHEVERRI, OLGA LUCIA		5.2 NAME	OLGA LUCIA ECHEVERRI	
STREET ADDRESS	6995 NW 84TH AVENUE		5.3 STREET ADDRESS	444 BRICKELL AV SUITE 210	
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP	Miami Fl 33131	
TITLE		☐ DELETE	6.1 TITLE	D/VP	☐ Change ☒ Addition
NAME			6.2 NAME	LUZ AMPARO MORALES	
STREET ADDRESS			6.3 STREET ADDRESS	444 Brickell Av Suite 210	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Miami Fl 33131	

CR2E034 (9/96)

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: _____ April 29/97 Tel. 358-1999