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

**PROFIT** CORPORATION ANNUAL REPORT

1. Corporation Name

1999



DOCUMENT # P95000048703

FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State DIVISION OF CORPORATIONS

## Mar 29, 1999 8:00 am Secretary of State

03-29-1999 90064 018 \*\*\*150.00

SAVANA	FARMS INC.				
Principal Place	of Business	Mailing Address			ISTA MATTE STANT SALTA SANTE BASAN CITE INDI
444 BRICKELL		444 BRICKELL AVE			
SUITE 210 SUITE 210				SO NOT WITH	N THE COACE
MIAMI FL 33131 MIAMI FL 33131				DO NOT WRITE I	N THIS SPACE
US US				3. Date Incorporated or Qualifed	
- 8: : : : :		G. Mailine Address	1.7.	06/15/1995 4. FEI Number	Applied For
2. Principal Place of Business 21 186 CAPROVO BLUG 22 Mailing Address 26 785 CARNOVO			Glud.	65-0593886	Not Applicable
21 185 CAPOUT BUS 26 785 CANDUT Suite, Apt. #, etc. Suite, Apt. #, etc.			7 DEVE		\$8.75 Additional
7 7 200			5. Certifcate of Status Desired	Fee Required	
22				6. Election Campaign Financing	\$5.00 May Be
22 V EV	Biscorne		YME	Trust Fund Contribution	Added to Fees
zip 33 1	Country	Zip	Country	8. This corporation owes the current	year Intangible
24 33	li 9 25	29 FL 3	33149	Personal Property Tax.	☐ Yes ☐ No
<u></u>	9. Name and Address of Current	Registered Agent	•	10. Name and Address of New Regi	stered Agent
		700	81 Name	H. Modles	
MORALES, LUZ A				ress (P.O. Box Number is Not Acceptable	)
444 BRICKELL AVE			17630	ISW 4Th CT	,
SUITE 210			83 0 -	above Dimes	
MIAMI FL 33131			84 City	abroice Primes	85 Zip Code
				poration submits this statement for the pur	FL 33020
SIGNATURE	m familiar with, and accept the obligation of familiar with, and accept the obligation of familiar with a second s	and title if applicable. (NOTE: R	legistered Agent signature require	od wildir foliadamy,	DATE STORY IN 12
12.	OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFIC	Change Addition
TITLE	DP	☐ DELETE	1.1 TITLE		· · · · · · · · · · · · · · · · · · ·
NAME	ECHEVERRI, LUZ M		12 NAME		
STREET ADDRESS	444 BRICKELL AVE SUITE 210		1.3 STREET ADDRESS		.  -
C/TY-ST-ZIP	MIAMI FL	☐ DELETE	1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE	DVP	☐ DELETE	2.1 TITLE		
NAME	ECHEVERRI, GLORIA S		2.2 NAME		
STREET ADDRESS	444 BRICKELL AVE SUITE 210		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	DELETE	2. 4 CITY-ST-ZIP		Change Addition
TITLE	DS		3.2 NAME	-	
*NAME	ECHEVERRI, FERNANDO 444 BRICKELL AVE, SUITE 210	•	3.3 STREET ADDRESS		
STREET ADDRESS	MIAMI FL		3.4, CITY-ST-ZIP		
CITY-ST-ZIP	DVP	☐ DELETE	4.1 TITLE		Change Addition
NAME	ECHEVERRI, GERMAN	<u> </u>	4. 2 NAME		
STREET ADDRESS	444 BRICKELL AVE SUITE 210		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP		
TITLE	DVP	- DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	ECHEVERRI, OLGA LUCIA		5.2 NAME		•
STREET ADDRESS	444 BRICKELL AVE SUITE 210		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP		
TITLE	DVP	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MORALES, LUZ A		6.2 NAME		
STREET ADDRESS	l		6.3 STREET ADDRESS		

MIAMI FL CITY-ST-ZIP 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.

6.4 CITY-ST-ZIP

SIGNATURE: