

**\*FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P95000067840 (5)**

1. Corporation Name  
**GEOFARMA, INC.**



Principal Place of Business

**% 200 BISCAYNE BLVD.  
SUITE 4815  
MIAMI FL 33131**

Mailing Address

**% 200 BISCAYNE BLVD.  
SUITE 4815  
MIAMI FL 33131**

3. Date Incorporated or Qualified  
**09/01/1995**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SALUSSOLIA, PIERO  
200 SOUTH BISCAYNE BLVD.  
SUITE 4815  
MIAMI FL 33131**

81 Name

**MAURO RATTI**

82

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

83

**5775 COLLINS AVE. #1105**

84

**MIAMI BEACH**

**FL**

85 Zip Code  
**33140**

11. Pursuant to the provisions of Sections 607.02 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 of the person appointed as registered agent, or both, if applicable.

**MAURO RATTI**

(NOTE: Registered Agent's signature required when reinstating)

**04/26/96**

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☐ DELETE

1.1 TITLE **D/P/T/S** ☐ Change ☒ Addition

NAME **RATTI, MAURO**

1.2 NAME **RATTI, MAURO**

STREET ADDRESS **5775 COLLINS AVE. #1105**

1.3 STREET ADDRESS **5775 COLLINS AVE. #1105**

CITY-ST-ZIP **MIAMI BEACH FL 33140**

1.4 CITY-ST-ZIP **MIAMI BEACH, FL 33140**

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME ☐ DELETE

2.2 NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ DELETE

2.3 STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ DELETE

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME ☐ DELETE

3.2 NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ DELETE

3.3 STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ DELETE

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME ☐ DELETE

4.2 NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ DELETE

4.3 STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ DELETE

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME ☐ DELETE

5.2 NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ DELETE

5.3 STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ DELETE

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

NAME ☐ DELETE

6.2 NAME ☐ Change ☐ Addition

STREET ADDRESS ☐ DELETE

6.3 STREET ADDRESS ☐ Change ☐ Addition

CITY-ST-ZIP ☐ DELETE

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**MAURO RATTI**

**4/26/96**

Date

**(305)865-3264**

Daytime Phone #

CR2E034 (12/95)