

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000089738

1. Entity Name
L.C. FARMS, INC.

FILED
03 MAY -1 PM 3:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2199 Ponce De Leon Blvd. Suite, Apt. #, etc. Suite 200 City & State Coral Gables, Florida Zip 33134		3. Mailing Address 2199 Ponce De Leon Blvd. Suite, Apt. #, etc. Suite 200 City & State Coral Gables, Florida Zip 33134	
Country US	Country US		

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0660002	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE
IN THIS SPACE

7. Name and Address of Current Registered Agent

Name FLORIDA ANNUAL REPORT SERVICES, INC.	
Street Address (P.O. Box Number is Not Acceptable) 2300 CORAL WAY	
SUITE 200	
City MIAMI, FL	Zip Code 33145

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE AMADA CANTERA LOPEZ, President 4-29-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. <input type="checkbox"/> <small>(See criteria on back)</small>	January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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11. OFFICERS AND DIRECTORS			
TITLE NAME	PD LOPEZ-CANTERA, CARLOS C 2199 Ponce De Leon Blvd., Suite 200 Coral Gables, FL 33134	TITLE NAME	300018451863 05/07/03--01056--008 **150.00
TITLE NAME	TD LOPEZ-CANTERA, MARTA L 2199 Ponce De Leon Blvd., Suite 200 Coral Gables, FL 33134	TITLE NAME	
TITLE NAME	D LOPEZ-CANTERA, CARLOS M 2199 Ponce De Leon Blvd., Suite 200 Coral Gables, FL 33134	TITLE NAME	DO NOT WRITE IN THIS SPACE
TITLE NAME	D LOPEZ-CANTERA, MONICA 2199 Ponce De Leon Blvd., Suite 200 Coral Gables, FL 33134	TITLE NAME	
TITLE NAME	D LOPEZ-CANTERA, VICTOR 2199 Ponce De Leon Blvd., Suite 200 Coral Gables, FL 33134	TITLE NAME	B/S/11
TITLE NAME		TITLE NAME	

13. 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 report or supplemental 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 11 or on an attachment with an address, with a power like empowerer.

SIGNATURE: 4-17-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Carlos C Lopez-Cantera, President

CR2E034B (12/01)