

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000093601 (9)**

1. Corporation Name  
**M & S GROWERS, INC.**



Principal Place of Business: **27855 S.W. 199TH AVENUE HOMESTEAD FL 33031**  
Mailing Address: **27855 S.W. 199TH AVENUE HOMESTEAD FL 33031**

3. Date Incorporated or Qualified: **12/07/1995**  
3a. Date of Last Report: **12/07/1995**  
4. FEI Number: **65-0634766**  
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

2. Principal Place of Business  
21. Suite, Apt #, etc.  
22. City & State  
23. Zip  
24. Country  
25. Country  
26. Mailing Address  
27. Suite, Apt #, etc.  
28. City & State  
29. Zip  
30. Country

**9. Name and Address of Current Registered Agent**

**MEDINA, MICHAEL  
27855 S.W. 199TH AVENUE  
HOMESTEAD FL FL33031**

**10. Name and Address of New Registered Agent**

81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
85. Zip Code: **FL**

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 607.0503, Florida Statutes.

SIGNATURE: *Sharon Medina*  
Typed or printed name of signing officer or director: **Sharon Medina**

SIGNATURE: *Michael Medina*  
Typed or printed name of signing officer or director: **Michael Medina**

DATE: **4-29-96**

**12. OFFICERS AND DIRECTORS**

TITLE	<b>President</b>	<input type="checkbox"/> DELETE
NAME	<b>MICHAEL Medina</b>	
STREET ADDRESS	<b>27855 S.W. 199 AVE</b>	
CITY-ST-ZIP	<b>HOMESTEAD FL 33031</b>	
TITLE	<b>President</b>	<input type="checkbox"/> DELETE
NAME	<b>SHARON Medina</b>	
STREET ADDRESS	<b>27855 S.W. 199 AVE</b>	
CITY-ST-ZIP	<b>HOMESTEAD FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-ST-ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-ST-ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-ST-ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-ST-ZIP	

**400001876944**  
**-06/26/96--01116--041**  
**\*\*\*200.00**

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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 199.07(3)(B), Florida Statutes. I further certify that the information indicated on this annual report or supplement thereto 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]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **Michael Medina 4-29-96**

CR2E034 (12/95)