**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P96000060801

FARMDAY INTERNATIONAL CORP.

## Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90034 050 \*\*\*158.75



Principal Plac	e of Business	Mailing Address			
1088 HUNTING LODGE DRIVE 1088 HUNTING LODGE DRIV			E		•
MIAMI SPRINGS FL 33166 MIAMI SPRINGS FL 33166				DO NOT WRITE IN TH	E CDACE
				3. Date Incorporated or Qualifed	3 SFACE
ļ				07/22/1996	
2. Principal P	Mace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 782 N.W. 42 AVE. 26 POBOX GOOD		647	65-0702360	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional	
22 # (6	38	27		J. Controlled of California	Fee Required
		City & State	а <b>Г</b> .	6. Election Campaign Financing	\$5.00 May Be Added to Fees
25 1 10 10 10 10 10 10 10 10 10 10 10 10 1		28 MIAMI SKRING	S. +L ·	Trust Fund Contribution  8. This corporation owes the current year to	
Zip 24 3312			30	Personal Property Tax.	Yes No
24 33 (2	9. Name and Address of Curren			10. Name and Address of New Registere	d Agent
			81 Name		
	ZA, TANIA ANTONIETA		82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
1088 HUNTING LODGE DRIVE			Street Addi	ress (1.0. box (values)	
MIAI	MI SPRINGS FL 33166		83		
			84 City		85 Zip Cođe
				<u> </u>	<b>L</b>
l office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State of familiar with, and accept the obligations of the control of	of Florida. Such change was aut	norized by the corporati	poration submits this statement for the purpose on's board of directors. I hereby accept the app	Olimitetti as registered
SIGNATURE	Signature, typed or printed name of registered agen	it and title if applicable. (NOTE: F	Registered Agent signature require	ed when reinstating) (1) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	Mazza-Martinez, Tania a		1.2 NAME	•	}
STREET ADDRESS			1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI SPRINGS FL 33166		1.4 CITY-ST-ZIP		DAME
TITLE	VPD	☐ DELETE	2.1 TITLE		Change Addition
NAME	MAZZA, LUIGI		2.2 NAME		·
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI SPRINGS FL 33166		2. 4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE	SD	☐ DELETE	3.1 TITLE		☐ change ☐ Addition
NAME	MARTINEZ, ARMANDO M		3.2 NAME		ļ
STREET ADDRESS	1		3.3 STREET ADDRESS		
CITY-ST-ZIP ~-	MIAMI SPRINGS FL-33166		3.4. CITY-ST-ZIP		☐ Change ☐ Addition
TITLE			4.1 TITLE	•	
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		Ī
CITY-ST-ZIP		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change ☐ Addition
TITLE			5.2 NAME		
NAME			5.3 STREET ADDRESS		
STREET ADDRESS	il .				
				•	
CITY-ST-ZIP		☐ DELETÉ	5.4 CITY-ST-ZIP 6.1 TITLE	, , , , , , , , , , , , , , , , , , ,	☐ Change ☐ Addition
TITLE NAME		☐ DELETÉ	5.4 CITY-ST-ZIP		☐ Change ☐ Addition

14. I hereby certify that the information supplies 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 supplies that it is an unall report or supplies that it is an unall report or supplies that it is an unall report or director of the corporation or the repeater 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 all attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: