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May 06 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000066269 (7)

1. Corporation Name

AAA HERB ORGANIC FARMS CORP.



Principal Place of Business

6519 WEST NEWBERRY ROAD
#1014
GAINESVILLE FL 32605

Mailing Address

6519 WEST NEWBERRY ROAD
#1014
GAINESVILLE FL 32605-4357

2. Principal Place of Business

21 1401 S.W. 143 STREET

State, Apt. #, etc.

22 City & State

23 Newberry, FL

24 Zip Country

25 32669 ALACHUA

2a. Mailing Address

26 1401 S.W. 143 STREET

Suite, Apt. #, etc.

27 City & State

28 Newberry, FL

29 Zip Country

30 32669 ALACHUA

3. Date Incorporated or Qualified

08/07/1996

3a. Date of Last Report

4. FEI Number

59-3394645

Applied For

Not Applicable

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

9. Name and Address of Current Registered Agent

VALDES-FAULI CORPORATE SERVICES, INC.
SUITE 3400 ONE BISCAYNE TOWER
TWO SOUTH BISCAYNE BLVD.
MIAMI FL 33131-1897

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 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 typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE President / Director ☐ DELETE

NAME Carmelo A. LAURIA
STREET ADDRESS 1401 S.W. 143 STREET
CITY-ST-ZIP Newberry, FL 32669

TITLE Vice-President / Director ☐ DELETE

NAME Michael J. DIAZ
STREET ADDRESS 1505 S.W. 143 STREET
CITY-ST-ZIP Newberry, FL 32669

TITLE Secretary / Director ☐ DELETE

NAME Guillermo G. LESSEUR
STREET ADDRESS 830 WEST OAK DRIVE
CITY-ST-ZIP Pompano Beach, FL 33069

TITLE Treasurer / Director ☐ DELETE

NAME Christopher B. SCIRICA
STREET ADDRESS 1401 S.W. 143 STREET
CITY-ST-ZIP Newberry, FL 32669

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 30, 1997

Date

352-332-4030

Daytime Phone #

CR2E034 (9/96)