

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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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
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DOCUMENT # P96000083746

1. Corporation Name

FARMANOVA INC

Principal Place of Business	Mailing Address
999 BRICKELL BAY DR. APT. #1404 MIAMI, FL 33131	999 BRICKELL BAY DR. APT #1404 MIAMI, FL 33131

3. Date Incorporated or Qualified 10/07/96	3a. Date of Last Report N/A
4. FEI Number 59-0359320	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 999 BRICKELL BAY DR. Suite, Apt. #, etc. 22 APT #1404 City & State 23 MIAMI, FLORIDA Zip 24 33131	26 999 BRICKELL BAY DR. Suite, Apt. #, etc. 27 APT #1404 City & State 28 MIAMI, FLORIDA Zip 29 33131
Country 25 USA	Country 30 USA

9. Name and Address of Current Registered Agent

JORGE GURIAN
7220 SW 59TH STREET
MIAMI, FLORIDA 33143

10. Name and Address of New Registered Agent

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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KOSTAS LYMBERTOS	1.2 NAME	
STREET ADDRESS	3444 MAIN HIGHWAY	1.3 STREET ADDRESS	
CITY - ST - ZIP	COCONUT GROVE, FL 33133	1.4 CITY - ST - ZIP	
TITLE	VP/T/S/D <input type="checkbox"/> DELETE	2.1 TITLE	R/VP/T/S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELENA CARBAYO	2.2 NAME	ELENA CARBAYO
STREET ADDRESS	999 S. BAYSHORE DR. APT #1404	2.3 STREET ADDRESS	999 BRICKELL BAY DR. APT #1404
CITY - ST - ZIP	MIAMI, FLORIDA 33131	2.4 CITY - ST - ZIP	MIAMI, FLORIDA 33131
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JORGE CARBAYO	3.2 NAME	JORGE CARBAYO
STREET ADDRESS	905 S. BAYSHORE DR. APT #530	3.3 STREET ADDRESS	905 BRICKELL BAY DR. APT #530
CITY - ST - ZIP	MIAMI, FLORIDA 33131	3.4 CITY - ST - ZIP	MIAMI, FLORIDA 33131
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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:

Elena Carbayo ELENA CARBAYO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/97 (305) 358-5430

Date

Daytime Phone #