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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000103840

HIGHLANDER FARMS, INC.

1		
	Principal Place of Business	
	, ,	
(20950 SW 256TH ST	

FILED Jan 25, 1999 8:00am **Secretary of State**

01-25-1999 90055 014 ***150.00



		•						
Principal Place	e of Business	Mailing Address			inde eride intre meder aute ester			
20950 SW 256T HOMESTEAD FI		20950 SW 256TH ST HOMESTEAD FL 33031		DO NOT WRITE IN THIS S	SPACE			
	•			3. Date Incorporated or Qualifed				
				12/27/1996	·			
Principal Place of Business 2a. Mailing Address				4. FEI Number	Applied For			
21	·	26		65-0724889	Not Applicable			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional			
22		27						
City & State	e ·	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip	Country	Zip Country		8. This corporation owes the current year Intangible				
24	25	29 3	0	1 Crooner roperty rain	☐ Yes ☐ No			
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered A	gent			
ECDI	NANDEZ, JOAQUIN E		81 Name	,				
	I S BAY SHORE		82 Street Addre	82 Street Address (P.O. Box Number is Not Acceptable)				
MIAI	MI FL 33131		83		(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)			
	:				Top Zip Code			
			84 City	FL	85 Zip Code "			
11.1 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				d when reinstating) DATE				
12.	Signature, typed or printed name of registered agent OFFICERS ANI		egistered Agent signature required	ADDITIONS/CHANGES TO OFFICERS AND	D DIRECTORS IN 12			
TITLE	VP	DELETE	1.1 TITLE	Of Street &	☐ Change ☐ Addition			
NAME	LAIRD, WILIAM	•	1.2 NAME					
STREET ADDRESS	ALL DILICENO DO		1.3 STREET ADDRESS		. }			
CITY-ST-ZIP	ISLAND MORA FL 33036	•	1.4 CITY-ST-ZIP		6			
TITLE .	P	☐ DELETE	2.1 TITLE	,	☐ Change ☐ Addition			
NAME	LAIRD, BENJAMIN		2.2 NAME	•				
STREET ADDRESS	20950, SW: 25TH ST		-2.3 STREET ADDRESS					
CITY-ST-ZIP	HOMESTEAD FL 33031		2.4 CITY-ST-ZIP					
TITLE	RA Secretary	DELÉTE	3.1 TITLE		☐ Change ☐ Addition			
NAME 5	FERNANDEZ, JOAQUIN		3.2 NAME		•			
STREET ADDRESS	2601 S BAYSHORE		3.3 STREET ADDRESS					
CITY-ST-ZIP	MIAMI FL 33131	. — DELETE	3.4. CITY-ST-ZIP		Change Addition			
TITLE		☐ DELETE	4.1 TITLE		C. Ottolide C. J. Addition			
NAME	F	* *	4. 2 NAME					
STREET ADDRESS			4.3 STREET ADORESS		•			
CITY-ST-ZIP TITLE	, , , , , ,	☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition			
NAME			5.2 NAME		-, -			
STREET ADDRESS		, ·	5.3 STREET ADDRESS					
CITY-ST-ZIP	\#*	í	5.4 CITY-ST-ZIP					
TITLE	TORREST TORREST	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition			
NAME	THE RICE SERVICE		6.2 NAME					
STREET ADDRESS	表现的数 1.77 (Cont.)		6.3 STREET ADDRESS		•			
	12		6 A CITY, \$T, 7ID	:				

14. 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 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, with all other like empowered.