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 # P97000040312

SIGNATURE:

PASO FINO MIRADOR FARMS, INC.

FILED
Mar 22, 1999 8:00 am
Secretary of State
02 22 1000 00001 044 ***150 00



Daytime Phone #

Principal Place	lace of Business Mailing Address						
C/O MARQUEZ	& FERNANDEZ. PA	782 NW LE JEUNE RD					
548	548				DO NOT WRITE IN THIS SPACE		
MIAMI FL 33126 US	33126 MIAMI FL 33126 US				3. Date Incorporated or Qualifed		
00					05/06/1997		
2 Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	Ap	plied For
<u> </u>		26A. 780 NW L	eJeu	ne RD	APPLIED FOR	No	t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75	
2780 NW LeJeune Rd Ste 324 Suite 32				5. Certificate of Status Desired Fee Requ		quired	
City & State City & State Miami, FLorida 28 Miami, FLo				rida 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 Intai	ngible	
3312	26 ₂₅ USA	29 33126 30	US	Α	r elabiliti Topolty Tux:	☐ Yes	□No
	9. Name and Address of Current R	egistered Agent			10. Name and Address of New Registered A	gent	
			81	Name	uire <u>Corporate Services</u>	Tno	·
	UIRE CORPORATE SERVICES, INC	•	82	Street Add	Street Address (P.O. Box Number is Not Acceptable) 780 NW LeJeune RD Ste 324		
782 NE LEJEUNE RD				780	NW LeJeune RD Ste 324		
STE			83	1			
MIAM	II FL 33126		84	City		85 Zip 3	Code
	·	•	-	[MiamiFL_		3926
office or re	to the provisions of Sections 607.0502 a egistered agent, or both, in the State of m familiar with and accept the obligation	Florida, Such change was auth	orized by	the corporat	poration submits this statement for the purpose of cion's board of directors. I hereby accept the appoint	hanging its ment as re	registered gistered
SIGNATURE	Aratles ton	ر اک			3-19-99		
SIGNATURE	Signature, typed or printed parie of registered agent ar		 _	nt signature requir		DIDEATA	DO 111 40
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND	☐ Change	Addition
TITLE	DPS	O 🗆 DELETE	1.1 TITLE	ŀ		☐ Ondrige	
NAME	BENZECRY, ROBERTO		1.2 NAME				,
STREET ADDRESS	12285 SW 51 ST		1.3 STREE	T ADDRESS			•
CITY-ST-ZIP	MIAMI FL 33175		1.4 CITY-S	ST-ZIP		☐ Change	Addition
TITLE		☐ DELETÉ	2.1 TITLE	1		☐ Citalige	
NAME			2.2 NAME		الرئيس بوليست عرب بي الن النبية . المراكز المعرف المراكز النبية		
STREET ADDRESS	المراجع والمحمد والمستنبي			TADDRESS			
CITY-ST-ZIP		Clocusts	2. 4 CITY-	ST-ZIP		Change	Addition
TITLE		☐ DELETE	3.1 TITLE				
NAME .			3.2 NAME				
STREET ADDRESS				TADORESS			
CITY-ST-ZIP		[] DEVETE	3.4. CITY-	ST-ZIP		Change	Addition
TITLE		☐ DELETE	4.1 TITLE		•		
NAME		,, ~ a*	4. 2 NAME				
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP		[] perete	4.4 CITY-5	ST-ZIP		Change	Addition
TITLE		L] DELETE	5.1 TITLE 5.2 NAME	Ì		s.ignige	
NAME			1	T ADDRESS			
STREET ADDRESS	•			ET ADDRESS			
CITY-ST-ZIP	<u> </u>	[] DELETE	5.4 CITY-S 6.1 TITLE	31-ZIP		☐ Change	☐ Addition
TITLE		☐ DELETE	6.2 NAME			□ ≎.ia.ige	
NAME			1	T ADDDESS	•		
STREET ADDRESS				T ADDRESS	•		
CITY-ST-ZIP	15. Al. A 46. 1. 5	this filing should be at Smalls, Sandle	6.4 CITY-		Section 119.07(3)(i), Florida Statutes. I further certi	fy that the	information
indicated of	pertry that the information supplies with on this annual report or supplemental a director of the corporation or the receive or Block 13 if changed, or on an attachn	nnual report is true and accurate or trustee empowered to exa	e and tha	at my signatu report as teci	re shall have the same legal effect as if made under uired by Chapter 607, Florida Statutes; and that my	r oath; that name app	l am an ears in