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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	P97000098812 (Ę
1. Corporation Name	F37000030012 (J

PINNACLE FARMS, INC.

Principal	Place of	Business

FILED Mar 12 1998 8:00am Secretary of State



Mailing Address 1800 NW 89 PL. 1800 NW 89 PL MIAMI FL 33172 MIAMI FL 33172 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>11/19/1997</u> 2. Principal Place of Business 2a. Mailing Address Applied For 65-0798416 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional П 5. Certificate of Status Desired Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country This corporation owes or has paid the current year Intangible ☐ Yes 25 24 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name Rubin, Debra M 420 S. DIXIE HWY. #4B Street Address (P.O. Box Number is Not Acceptable) 82 CORAL GABLES FL 33146 83 84 City 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, typed or printed name of registered agen; and title if applicable. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. DELETE Change Addition 1.1 TITLE DC

SIGNATURE 12. TITLE CAICEDO, HERNANDO 1.2 NAME NAME 2.4 CITY-ST-ZIP 1800 NW 89 PL. STREET ADDRESS MIAMI FL 33172 CITY-ST-ZIP DELETE Change Addition TITLE NAME FERNANDEZ, JUAN M 1800 NW 89 PL. STREET ADDRESS MIAMI FL 33172 CITY-ST-ZIP DELETE TREASURER Change Addition TITLE 3.1 TITLE PORRAS, RICARDO 3.2 NAME STREET ADDRESS 1800 NW 89 PL. 3.3 STREET ADDRESS **MIAMI FL 33172** CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE 4.1 TITLE SECRETARY 2 Addition TITLE WILLIAMS, MARTINA 4 2 NAME STREET ADDRESS 1800 NW 89 PL. 4.3 STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33172** 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Addition TITLE 6.1 TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP

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 fulfile officer or director of the corporation or the receiver or fustee ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapter, or an attachment with an address.

SIGNATURE:

2-13-78

(305)592.5321

CR2E034