

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

FILED
Apr 22, 1999 8:00 am
Secretary of State

04-22-1999 90002 022 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P98000010744**

1. Corporation Name
M & R HARVESTING, INC.

Principal Place of Business
 12765 W. FOREST HILL BLVD. STE. 1304
 WELLINGTON FL 33414

Mailing Address
 12765 W. FOREST HILL BLVD. STE. 1304
 WELLINGTON FL 33414



DO NOT WRITE IN THIS SPACE

| | | | |
|----|--------------------------------|----|---------------------|
| 21 | 2. Principal Place of Business | 2a | Mailing Address |
| 22 | Suite, Apt. #, etc. | 27 | Suite, Apt. #, etc. |
| 23 | City & State | 28 | City & State |
| 24 | Zip | 29 | Zip |
| 25 | Country | 30 | Country |

| | | |
|----|--|--|
| 3. | Date Incorporated or Qualified | 02/02/1998 |
| 4. | FEI Number | APPLIED FOR |
| | | <input checked="" type="checkbox"/> 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 owes the current year Intangible Personal Property Tax. | <input type="checkbox"/> Yes <input type="checkbox"/> No |

9. Name and Address of Current Registered Agent

PORRO, HILDA M
 12769 W. FOREST HILL BLVD. STE. E
 WELLINGTON FL 33414

10. Name and Address of New Registered Agent

| | |
|----|--|
| 81 | Name |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 | |
| 84 | City |
| 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | | |
|----------------|---|---------------------------------|
| TITLE | D PTD | <input type="checkbox"/> DELETE |
| NAME | PERALES, JESUS | |
| STREET ADDRESS | 12765 W. FOREST HILL BLVD. STE. 1304 | |
| CITY-ST-ZIP | WELLINGTON FL 33414 | |
| TITLE | VP Miguel R. Perales | <input type="checkbox"/> DELETE |
| NAME | 2002 Polo Garden Dr #108 | |
| STREET ADDRESS | West Palm Beach FL 33414 | |
| CITY-ST-ZIP | | |
| TITLE | S Perales Richard J. | <input type="checkbox"/> DELETE |
| NAME | 1586 Knightman Dr | |
| STREET ADDRESS | Wellington FL 33414 | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|-----|----------------|---|
| 1.1 | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 | NAME | |
| 1.3 | STREET ADDRESS | |
| 1.4 | CITY-ST-ZIP | |
| 2.1 | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 | NAME | |
| 2.3 | STREET ADDRESS | |
| 2.4 | CITY-ST-ZIP | |
| 3.1 | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 | NAME | |
| 3.3 | STREET ADDRESS | |
| 3.4 | CITY-ST-ZIP | |
| 4.1 | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 | NAME | |
| 4.3 | STREET ADDRESS | |
| 4.4 | CITY-ST-ZIP | |
| 5.1 | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 | NAME | |
| 5.3 | STREET ADDRESS | |
| 5.4 | CITY-ST-ZIP | |
| 6.1 | TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 | NAME | |
| 6.3 | 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 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 my address with all other like empowered.

SIGNATURE: _____ DATE: **03/25/99** DAYTIME PHONE #: **(561) 798-9822**

CR2E034 (1/198)