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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 P98000010744 DOCUMENT

1. Corporation Name

M & R HARVESTING, INC.

Principal Place of Business

2. Principal Place of Business

SIGNATURE:

Mailing Address

2a. Mailing Address

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

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

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

04-22-1999 90002 022 ***150.00



	DO NOT WRITE IN	I HIS SPACE
3.	Date Incorporated or Qualifed	

Applied For

02/02/1998

2. Principal Pi	ace of business	_	ing Address				7.	APPLIE	D FO	R.		Not	Applicable	
21		26						<u> </u>		<u> </u>		\$8.75 A		
Suite, Apt.	#, etc.	-	e, Apt. #, etc.				5.	Certifcate of	Status Desir	red 🛚	I	Fee Re		
22		27												
City & State	е ", ",	City	& State	•			1		npaign Finan	icing 🗀		\$5.00		
23		28						Trust Fund (Added to	o Fees	
Zip	Country	Zip	_	Cou	ntry		8.	This corpora	ation owes the	e current y			_	
24	25	29		30	.0			Personal Property Tax. Yes No						
	9. Name and Address of Curren	t Registered	l Agent		<u></u>		10.	Name and	Address of I	New Regis	itered Ag	gent		
	*				81	Name								
PORRO, HILDA M						82 Street Address (P.O. Box Number is Not Acceptable)								
1276	89 W. Forest Hill Blvd. Ste.	E			Street Address (F.O. Dox Humber is Not Acceptable)									
WEL	LINGTON FL 33414				83									
					`						· · ·	,		
	•				84	City					FI	85 Zip C	Code	
			 -		<u> </u>		 -				. —		intered	
11. Pursuant	to the provisions of Sections 607.050 egistered agent, or both, in the State	2 and 607.15	508, Florida Statute	s, the a	bove-	named corp	rporation tion's bo	submits this ard of direct	s statement fo ors. I hereby	or the purp accept the	ose of cr appoint	nanging its ment as rea	registered gistered	
oπice or r	egistered agent, or both, in the State of the familiar with, and accept the obligation	tions of, Sec	tion 607.0505, Flor	da Stat	utes.	ie corporate	uona bo	ara or oncor	010.110.003	2000071	. сррс		•	
-														
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applic	able. (NOTE:	Registered	Agents	signature require	red when re	instating)			ATE			
12.	OFFICERS AN			13.			Α	DDITIONS/	CHANGES T	O OFFICE	RS AND	DIRECTO	RS IN 12	
TITLE	O P+D		☐ DELETE	1.1 T	īLE							☐ Change	Addition	
NAME	PERALES, JESUS			1.2 N	AME									
	12765 W. FOREST HILL BLVD.	QTE 120	4			ADORESS								
STREET ADDRESS	l	31E. 130	4											
CITY-ST-ZIP	WELLINGTON FL 33414		T DELETE	_	TY-ST-	ZIP						☐ Change	☐ Addition	
TITLE	VP Will D. P.	20/25	☐ DELETE	2.1 Ti	TLE	ŀ					ı	Criange	L. Addition	
NAME	Miguel R. Re 2002 Polo Eq	14.43	well soft	2.2 N	ME]							=	
STREET ADDRESS	206/2 1000 60	recht b	ir zi ico	2.3 \$	TREET A	ADDRESS								
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NAME	5 Pember Kid	hard 7	∵.	3.2 N	AME									
	Tellan	DA		335	FREET A	ADDRESS								
STREET ADDRESS	1586 15 1500	The second	221118											
CITY-ST-ZIP	wel//11910/1		□ DELETE	4.1 17	ΠY-\$T-	-235				***		[] Change	Addition	
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NAME				4. 2 N		ł								
STREET ADDRESS	}			4.3 \$	TREET	ADDRESS								
CITY-ST-ZIP				4.4 C	πγ∙\$t-	ZIP								
TITLE			☐ DELETE	5.1 Ti	TLE					•		☐ Change	☐ Addition	
NAME				5.2 N	AME									
STREET ADDRESS				5.3 S	TREET A	ADDRESS								
CITY-ST-ZIP				5.4 C	ITY-ST-	ZIP								
			DELETE	6.1 TI								☐ Change	Addition	
TITLE				6.2 N	AMF							- •		
NAME						LDDDCCC								
STREET ADDRESS						ADDRESS								
CiTY-ST-ZIP					ΠΥ+ST-									
14. I hereby	on this annual report or supplied with on this annual report or supplied the director of the corporation or the rece or Block 13 if changed, or on an alternation of the rece or Block 13 if changed, or on an alternation or the receive or Block 13 if changed, or on an alternation or the receive or Block 13 if changed, or on an alternation or the receive or Block 13 if changed, or on an alternation or the receiver of the receiver	th this filtre	does not qualify for	the exe	mptio	n stated in :	Section	119.07(3)(i)	i, Florida Stat	tutes. I furf ct as if ma	ner certif de under	y that the is nath: that	ntormation I am an	
indicated officer or	director of the corporation or the rece	iver or trust	empowered to ex	cecute t	his re	port as requ	uired by	Chapter 60	7, Florida Sta	atutes; and	that my	name appr	ears in	
Block 12	or Block 13 if changed, or on an allac	bment with	waddress with all	other li	ke em	powered.	•	-						