PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000042354

1. Corporation Name

REDLAND FARMS, INC.

Principal Place of Business	Mailing Address
12108 S.W110 STREET-CIRGLE-NORTH MIAMI FL 33186	12108 S.W. 110 STREET CIRCLE NORTH MIAMI FL 33186

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90011 047 ***150.00



DO NOT	WR	ITE IN	THIS	SPACE

Date Incorporated or Qualifed

						05/01/1998			1
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number			
21 18885	S.W. 134 Avenue	26		65-0844010		Not Applicable			
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required				
22 City & State	9	City & State	-2			=6 Election Campaign Financing	\$5.0	O-May-Be	1
23 Miami		28				Trust Fund Contribution	•	ed to Fees	
Zip	Country	Zip	Cou	intry		8. This corporation owes the current year	ntangible		1 1
- AA177	— ´	29	30	•		Personal Property Tax.	XX Yes	□No] i
24 331//	g. Name and Address of Current		1901			10. Name and Address of New Registers	d Agent		1,
-	g. Hame and Addiese of Carteria	- togiotoiou / tgo		81	Name				1 :
COOL, MATTHEW S									
	8 S.W. 110 STREET CIRCLE NOF	RTH		82 Street Address (P.O. Box Number is Not Acceptable)					
1	/I FL 33186	,		83	<u> </u>				
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ļ		. •		84	City	F	LI	ip 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 about, 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, appliance of the obligations of Section 607.0505, Florida Statutes.									
SIGNATURE	Manature, typed or printed name of registered agent	and title if applicable. (NC	TE: Registered	Agent	signature required	when reinstating) DATE] &
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS			R2F034 (11/98
TITLE	D	DELETE	1.1 TF	TLE	_		Chang	ge DAddition	È
NAME	COOL, MATTHEW S		1.2 N	AME					1 25
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CITY-ST-ZIP	MIAMI FL 33186		14 CI	TY-ST-	-7IP				8
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NAME				_	ADDRESS				
STREET ADDRESS									
CITY-ST-ZIP	7-ST-ZIP 6.4		6.4 CI	TY-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 an address, with all other like empowered.

Matthew GNCOTURE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-986-3963