


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Jul 27, 1999 8:00 am
Secretary of State

07-27-1999 90028 036 ***158.75

| | | |
|--|---|--|
| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # P98000047688 ✓
 1. Corporation Name
SEACOAST FARMS, INC.



| | |
|---|---|
| Principal Place of Business 2121 PONCE DE LEON BLVD PENTHOUSE 2 CORAL GABLES FL 33134 | Mailing Address 2121 PONCE DE LEON BLVD PENTHOUSE 2 CORAL GABLES FL 33134 |
|---|---|

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country |
|---|--|

| |
|--|
| 3. Date Incorporated or Qualified 05/28/1998 |
| 4. FEI Number 65-0858504 |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required |
| 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No |

9. Name and Address of Current Registered Agent
WOLFE, LEON J
C/O BERMAN WOLFE & RENNERT, P.A.
100 SE 2ND ST. 35TH FLOOR INTERNATIONAL PL
MIAMI FL 33131-2130

10. Name and Address of New Registered Agent

| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL |

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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE | <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | D MEYERS, STUART | 1.2 NAME | |
| STREET ADDRESS | 2121 PONCE DE LEON BLVD PENTHOUSE 2 | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | CORAL GABLES FL 33134 | 1.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | D LOPEZ, JORGE | 2.2 NAME | |
| STREET ADDRESS | 2121 PONCE DE LEON BLVD PENTHOUSE 2 | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | CORAL GABLES FL 33134 | 2.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | D AMARO, JOEL | 3.2 NAME | |
| STREET ADDRESS | 12691 SW 104TH STREET | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33186 | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | D TRUJILLO, JESUS | 4.2 NAME | |
| STREET ADDRESS | 12691 SW 104TH STREET | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33186 | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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)(l), 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.

SIGNATURE: _____ **SIGNATURE REQUIRED** **7/23/99** **305-443-8288**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (5/99)

596144-40028-36
P98000047688

2121 Ponce De Leon Blvd.
Penthouse 2
Coral Gables, FL 33134

Seacoast Farms, Inc.

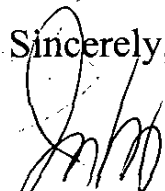
July 8, 1999

Division of Corporations
Annual Reports Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Dear Sir or Madam:

On July 8, 1999, I received a second notice to file our 1999 Annual Report. I never received the first notice to file. Attached is the 1999 Annual Report with a payment of \$158.75.

Sincerely,



Jorge Lopez
Vice President

[Redacted area]