**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris,

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name P9800083650

HARUESTERS, INC.

## FILED May 13, 1999 8:00 am Secretary of State 05-13-1999 90045 009 \*\*\*150.00

			·								
Principal Plac	e of Business		Mailing Ad	idress							
10777 PEMBROKE ROAD PEMBROKE PINES FLA. 33025							DO NOT WRITE IN THIS SPACE				
PEMBROKE PINISS FIA 330.25							Date incorporated or Qualifer	t t			
2 Principal E	Place of Business	770 (3	2a. Mailing	Addrage	40			4. FEI Number	_		pplied For
	riace of business		26	J Address				65-086-0	506	<u> </u>	ot Applicable
Suite, Apt.	. #, etc.	·		Apt. #, etc.					JOU		Additional
22			27					5. Certifcate of Status Desired			equired
City & Stat	te		City &	State				6. Election Campaign Financing		\$5.00	May Be
23			28					Trust Fund Contribution		Added	to Fees
Zip 		intry	Zip	·	Cou	ntry		8. This corporation owes the cu	rrent year Inta		
24	25		29		30			Personal Property Tax.  10. Name and Address of New	Pagistared	∐ Yes	∐No
	9. Name and Ad					81	Name	IV. Name and Address of New	registered /	kgerit.	
HAL	T. Rais	- Sa	SNIC	88	ļ	$\perp$					
		~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	$\mathcal{L}_{V}$		İ	82	Street Add	Iress (P.O. Box Number is Not Accep	table)		
120	ine J N.W.1	415 6	>IR:	+33	}	83					
Mis	ami F	LA. 3	316	7		84	City			85 Zip	Code
_	1			•	es the c	201/6	named cor	poration submits this statement for th	FL.	changing its	registered
office or r	registered agent, or b am, amiliar with, and a	oth, in the State of accept the obligation	Fibrida, Such	i, Florida Statut i change was a i 607.0505, F{oi	es, trie at uthorized rida Statu	by tl ites.	he corporat	poration submits this statement for the ion's board of directors. I hereby acco	ept the appoir	itment as re	gistered
SIGNATURE	( Islan	$1)M\cdot Z$	Ben	ch)					-28-	<u>99</u> _	
	Signature, typed or printed n	arrie ovred <del>iktere</del> d agent a	ind little if applicable			Agent	signature requir	ed when reinstating)	DATE	DIDECT	NDC IN 17
12.	OFMCERS AND DIRECTORS  PRESIDENT/OWN 26 DELETE			13.	1.1 TITLE		ADDITIONS/CHANGES TO O	FFICERS AN	Change	Addition	
TITLE NAME	l			_ DELETE	1.7 III						
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CITY-ST-ZIP	1				3.4. CI	TY-ST-	-ZIP				
TITLE				DELETE	4.1 TIT	LE				Change	☐ Addition
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TITLE				☐ DELETE	5.1 TIT		-			Change	Addition
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CITY-ST-ZIP					6.4 CIT	Y-ST-	ZIP				
								0			

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 officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.