

DOCUMENT # P99000077290

1. Entity Name

AMAZON FARMS CORPORATION

FILED

00 DEC 26 PM 3: 52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



REINSTATEMENT

Principal Place of Business

Mailing Address

C/O MARK W. KAY, ESQ.  
7000 SW 62ND AVENUE, SUITE PH-B  
SOUTH MIAMI FL 33143

C/O MARK W. KAY, ESQ.  
7000 SW 62ND AVENUE, SUITE PH-B  
SOUTH MIAMI FL 33143

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0969751

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

KAY, MARK W ESQ

7000 SW 62ND AVENUE, SUITE PH-B  
SOUTH MIAMI FL 33143

1320 S Dixie  
Suite 870 H/M  
Coral Gables, FL 33146

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

DATE

12/22/00

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)

FILE NOW!!! FEE IS \$550.00  
After SEPTEMBER 13, 2000 Min. will be \$750.00  
Make Check Payable to Department of State

10. Election Campaign Financing  
Trust Fund Contribution.

\$5.00 May Be  
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D.  
ALBELO, ANTHONY  
7000 SW 62ND AVENUE, SUITE PH-B  
SOUTH MIAMI FL 33143

Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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800003523728--0  
-01/04/01--01094--020  
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Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

10/24/00

305 368-0030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Anthony Abelo, Director

CR2E034 (5/00)