FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # S02886 (7)

1. Corporation Name

CARAMBOLA FARMS, INC.

Principal Place of Business	Mailing Address
150 WEST FLAGLER ST. SUITE 2200 MIAMI FL 33130	150 WEST FLAGLER ST. SUITE 2200 MIAMI FL 33130

3. Date Incorporated or Qualified: 09/28/1990
3a. Date of Last Report: 04/29/1994

2. Principal Place of Business: 21 ?
2a. Mailing Address: 26
Suite, Apt #, etc: 22 / 27
City & State: 23 / 28
Zip: 24 / 29 — Country: 25 / 30

4. FEI Number: 65-0220112 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

FREED, OWEN S.
150 WEST FLAGLER STREET
2200 MUSEUM TOWER
MIAMI FL 33130

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip 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 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 [signature] Owen S. Freed 4/10/95
Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating — DATE

12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D P	1 1 TITLE	☐ Change ☐ Addition
NAME	FREED, OWEN S.	1 2 NAME	
STREET ADDRESS	150 WEST FLAGLER ST.	1 3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1 4 CITY-ST-ZIP	
TITLE	DV	2 1 TITLE	☐ Change ☐ Addition
NAME	BIOCCHI, FRANCO	2 2 NAME	
STREET ADDRESS	150 W FLAGLER STREET	2 3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2 4 CITY-ST-ZIP	
TITLE	DV	3 1 TITLE	☐ Change ☐ Addition
NAME	GUARDAZZI, REMO	3 2 NAME	
STREET ADDRESS	150 W FLAGLER STREET	3 3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3 4 CITY-ST-ZIP	
TITLE	V	4 1 TITLE	☐ Change ☐ Addition
NAME	BIOCCHI, FRANCO JR	4 2 NAME	
STREET ADDRESS	150 W FLAGLER STREET	4 3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4 4 CITY-ST-ZIP	
TITLE	V	5 1 TITLE	☐ Change ☐ Addition
NAME	GUARDAZZI, SERGIO	5 2 NAME	
STREET ADDRESS	150 W FLAGLER STREET	5 3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	5 4 CITY-ST-ZIP	
TITLE	ST	6 1 TITLE	☐ Change ☐ Addition
NAME	CURATOLO, MARIA V	6 2 NAME	
STREET ADDRESS	150 W FLAGLER STREET	6 3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	6 4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 the 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] President 4/24/95 (305 784-3456)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0127084 CP