

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED**  
**95 AUG -1 AM 10: 54**  
**SECRETARY OF STATE**  
**TALLAHASSEE, FLORIDA**

**DOCUMENT # S82428 (1)**  
1. Corporation Name  
**MAABE FARMS, INC.**

Principal Place of Business  
**14512 ROSEWOOD ROAD  
MIAMI LAKES FL 33014  
US**

Mailing Address  
**14512 ROSEWOOD ROAD  
MIAMI LAKES FL 33014  
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified <b>09/24/1991</b>		3a. Date of Last Report <b>08/15/1994</b>	
4. FEI Number <b>65-0325091</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under a. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

2. Principal Place of Business <b>21</b>				2a. Mailing Address <b>26</b>				4. FEI Number <b>65-0325091</b>				Applied For <input type="checkbox"/> Not Applicable			
Suite, Apt. #, etc. <b>22</b>				Suite, Apt. #, etc. <b>27</b>				5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>			
City & State <b>23</b>				City & State <b>28</b>				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>				<b>\$5.00 May Be Added to Fees</b>			
Zip <b>24</b>		Country <b>25</b>		Zip <b>29</b>		Country <b>30</b>		8. This corporation has liability for intangible tax under a. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							

9. Name and Address of Current Registered Agent <b>RODRIGUEZ-DIAZ, A.G. 8315 WEST 18TH LANE DRIVE HIALEAH FL 33014</b>								10. Name and Address of New Registered Agent <b>81 Name: RODRIGUEZ-DIAZ, A.G. 82 Street Address (P.O. Box Number is Not Acceptable): 14512 ROSEWOOD ROAD 83 84 City: MIAMI LAKES FL 85 Zip Code: 33014</b>							
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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: *A.G. Rodriguez-Diaz* A.G. RODRIGUEZ-DIAZ 6/19/95  
Signature, typed or printed name of registered agent (if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	CRUZ, VICTOR V.	1.2 NAME					
STREET ADDRESS	8000 W. 18TH AVE	1.3 STREET ADDRESS					
CITY - ST - ZIP	HIALEAH FL	1.4 CITY - ST - ZIP					
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	RODRIGUEZ-DIAZ, ANDRES G	2.2 NAME					
STREET ADDRESS	<del>8000 W. 18TH AVE</del> 14512 ROSEWOOD ROAD	2.3 STREET ADDRESS					
CITY - ST - ZIP	HIALEAH FL MIAMI LAKES, FL 33014	2.4 CITY - ST - ZIP					
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		3.2 NAME					
STREET ADDRESS		3.3 STREET ADDRESS					
CITY - ST - ZIP		3.4 CITY - ST - ZIP					
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME		4.2 NAME					
STREET ADDRESS		4.3 STREET ADDRESS					
CITY - ST - ZIP		4.4 CITY - ST - ZIP					
TITLE		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		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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: *A.G. Rodriguez-Diaz* A.G. RODRIGUEZ-DIAZ 6/19/95 (305)822-8503  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

CR2E034 (3/95)