

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

APPROVED  
AND  
FILED

95 MAY -1 PM 2:01

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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-05/09/95--01093--004  
\*\*\*\*200.00 \*\*\*\*200.00

DO NOT WRITE IN THIS SPACE

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # S83437 ✓  
1. Corporation Name  
MARUNIO FARM, INC.

Principal Place of Business Mailing Address  
c/o Karp & Genauer, P.A. c/o Karp & Genauer, P.A.  
2 Alhambra Plaza 2 Alhambra Plaza, Suite 1202  
Suite 1202 Coral Gables, FL 33134  
Coral Gables, FL 33134

3. Date Incorporated or Qualified 9/27/91 3a. Date of Last Report 1-27-94  
4. FEI Number 65-0322499 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  
7. This corporation has liability for intangible tax under S. 198.002, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
24 25 29 30

9. Name and Address of Current Registered Agent  
Peninsula Registered Agents, Inc.  
200 S.E. First Street  
Miami, FL 33131

10. Name and Address of New Registered Agent  
01 Name Alhambra Registered Agents, Inc. Doc. # P94-000031611  
02 Street Address (P.O. Box Number is Not Acceptable) 2 Alhambra Plaza, Suite 1202  
03  
04 City Coral Gables FL 05 Zip Code 33134

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 approve of the change of Section 607.0505, Florida Statutes.  
SIGNATURE: *Maruxa Soler*, Vice President DATE: 4/24/95

12. OFFICERS AND DIRECTORS	
TITLE: DPTAS NAME: SOLER, MARUXA STREET ADDRESS: 1581 BRICKELL AVE STE 1205 CITY ST ZIP: MIAMI, FL 33129	TITLE: DPTAS NAME: SOLER, EUGENIO STREET ADDRESS: 1581 BRICKELL AVE STE 1205 CITY ST ZIP: MIAMI, FL 33129
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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
17 TITLE: DPTAS 17 NAME: SOLER, MARUXA, c/o Karp & Genauer, P.A. 17 STREET ADDRESS: 2 ALHAMBRA PLAZA, SUITE 1202 17 CITY ST ZIP: CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE: delete 21 NAME: delete 21 STREET ADDRESS: delete 21 CITY ST ZIP: delete	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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30 TITLE: NAME: STREET ADDRESS: CITY ST ZIP:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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)(a), Florida Statutes. I further certify that the information contained 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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Maruxa Soler* 4-24-95 (805) 8586760  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR