

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra E. Mathan  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **V14122** (8)

1. Corporation Name  
**LA ROSA FARMS, INC.**



Principal Place of Business: **9881 MAJESTIC WAY BOYNTON BEACH FL 33437**  
Mailing Address: **9881 MAJESTIC WAY BOYNTON BEACH FL 33437**

3. Date Incorporated or Qualified <b>02/13/1992</b>	3a. Date of Last Report <b>04/04/1995</b>
4. FID Number <b>65-0320671</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.022, Florida Statute <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. State, Apt. #, etc.	22. City & State	23. Zip	24. Country	25.	26. State, Apt. #, etc.	27. City & State	28. Zip	29. Country	30.
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9. Name and Address of Current Registered Agent

**MARIANO, STEPHEN  
9881 MAJESTIC WAY  
BOYNTON BEACH FL 33437**

81. Name	82. Street Address (P.O. Box Number is Not Acceptable)	83.	84. City	85. Zip Code
				<b>FL</b>

11. Pursuant to the provisions of Sections 601.02(2) and 601.02(3) Florida Statute, by which this corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida, I, **Stephen Mariano**, a director of the corporation, hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 601.02(3), Florida Statute.

SIGNATURE

12. OFFICERS AND DIRECTORS

1. TITLE	<b>D</b>	<input type="checkbox"/> DELETE
2. NAME	<b>MARIANO, JONATHAN</b>	
3. STREET ADDRESS	<b>219 WEST 81ST ST. #4F</b>	
4. CITY-STATE-ZIP	<b>NEW YORK NY</b>	
5. TITLE		<input type="checkbox"/> DELETE
6. NAME		
7. STREET ADDRESS		
8. CITY-STATE-ZIP		
9. TITLE		<input type="checkbox"/> DELETE
10. NAME		
11. STREET ADDRESS		
12. CITY-STATE-ZIP		
13. TITLE		<input type="checkbox"/> DELETE
14. NAME		
15. STREET ADDRESS		
16. CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	
21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	
23. STREET ADDRESS	
24. CITY-STATE-ZIP	
25. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
26. NAME	
27. STREET ADDRESS	
28. CITY-STATE-ZIP	
29. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
30. NAME	
31. STREET ADDRESS	
32. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntary, furnished and does not qualify for the exemption provided in Section 119.04, Florida Statute. I further certify that the information disclosed 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 an officer or trustee employed by it to execute this report as required by Chapter 602, Florida Statute, and that my name appears in Block 12 or Block 13 if changed, or on an addendum filed with an address.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/96

CR2E034 (12/95)