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 9:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # V14958 (5)

1. Corporation Name

FRIENDLY FARMS, INC.

Principal Place of Business

11007 N. 56TH STREET
SUITE 209
TEMPLE TERRACE FL 33679-8444
US

Mailing Address

P.O. BOX 18444
TAMPA FL 33679

3. Date Incorporated or Qualified: 02/18/1992

3a. Date of Last Report: 03/18/1994

4. FEI Number: 59-3114564 ☐ 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

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

9. Name and Address of Current Registered Agent

GILL, MARVIN D.
11007 N. 56TH ST.
SUITE 209
TEMPLE TERRACE FL 33617

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. ... is authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept ... Florida Statutes.

SIGNATURE ______ (Registered Agent signature) DATE ______

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	GILL, MARVIN D.
STREET ADDRESS	11007 N. 56TH STREET, 209
CITY-ST-ZIP	TEMPLE TERRACE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition (blank entries: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP)

14. I the undersigned, 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 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: *Marvin D. Gill* — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Marvin D. Gill

4-30-95 Date *(813) 987-7777* Daytime Phone #

0304842 CP

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1995

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Secretary of State
Division of Corporations

APPROVED
FILED

DOCUMENT # **V16466** **(7)**

1. Corporate Name
BROWNING FINANCIAL SERVICES, INC.

TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
8390 SOUTHWEST 94TH STREET MIAMI FL 33156	8390 SOUTHWEST 94TH STREET MIAMI FL 33156

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified: **02/25/1992**
3a. Date of Last Report: **02/08/1994**

2. Principal Place of Business	2a. Mailing Address
21 1461 Mercedo	26 1461 Mercedo
Suite, Apt. # or other 22	Suite, Apt. # or other 27
City & State 23 Coral Gables, Fl	City & State 28 Coral Gables, Fl
24 33134 25 County Dade	29 33134 30 County Dade

4. FEI Number: **65-0321100** ☐ 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 actively engaged in intrastate business in Florida as defined by Florida Statutes. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
REVUELTA, ZOILA 1461 MERCADO CORAL GABLES FL 33146	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 Section 607.1622, Florida Statutes, the undersigned corporation submits the following 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 607.325, Florida Statutes.

Signature

12. Officers and Directors	13. Additions, Changes or Deletions (Check Type)
D MORENO, SERGIO ~~8390 S.W. 94TH STREET~~ ~~MIAMI FL~~	☑ Change ☐ Addition 6842 Sunrise Terrace Coral Gables, Fl 33133
D REVUELTA, ZOILA 1461 MERCADO CORAL GABLES FL 33146	☐ Change ☐ Addition 1461 Mercado Ave Coral Gables FL 33146
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition
	☐ Change ☐ Addition

14. I hereby certify that the information supplied with this report is accurate and that such information complies with the requirements of Section 607.1622, Florida Statutes. I further certify that the amount of gross receipts from the sale of tangible personal property reported on page one of this report is the amount required by Chapter 607, Florida Statutes, and that my name appears above, or on an attachment with my address.

SIGNATURE: Sergio Moreno SERGIO MORENO 3-15-95 305 447-6770
SIGNATURE AND TITLE OR PRINTED NAME OF WORKING OFFICER OR DIRECTOR — Date — Area Code & Daytime Phone Number

Zoila Revuelta MD

0100701 CP