

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

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Suzanne B. Marshall  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

95 MAY -1 AM 10:26

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # V25224 (9)**  
1. Corporation Name  
**HARVEST AMERICAN INC.**

Principal Office Address: **3781 SW 36 ST HOLLYWOOD FL 33023**  
Mailing Address: **3781 SW 36 ST HOLLYWOOD FL 33023**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Created: **03/27/1992** 3a. Date of Last Report: **05/01/1994**

4. FEI Number: **65-0323317** 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. 194.03, Florida Statutes:  Yes  No

2. Principal Office of Business	2a. Mailing Address
21. State: <b>FL</b>	26. State: <b>FL</b>
22. City & State:	27. City & State:
23. City & State:	28. City & State:
24. City & State:	29. City & State:
25. City & State:	30. City & State:

**9. Name and Address of Current Registered Agent**  
**PAIS, ROY B.  
3781 SW 36 ST  
HOLLYWOOD FL 33023**

**10. Name and Address of New Registered Agent**  
81. Name:  
82. Street Address (P.O. Box Number is Not Acceptable):  
83. City:  
84. City: **FL** 85. Zip Code:

11. The undersigned, the person or persons named herein, and each of them, Florida Statutes, hereby declare that this corporation has filed this statement for the purpose of changing its registered office of principal office of business in the State of Florida. No change was duly effected by this corporation's board of directors. I hereby accept the appointment as registered agent. I am a resident of the State of Florida. (Section 607.02, Florida Statutes)

12. OFFICERS AND DIRECTORS 13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS (4-12)

NAME	ADDRESS	NAME	ADDRESS	Change	Add
1. NAME: <b>PAIS, ROY B</b>	1. NAME: <b>PAIS, ROY B</b>	1. NAME: <b>PAIS, ROY B</b>	1. NAME: <b>PAIS, ROY B</b>	<input type="checkbox"/>	<input type="checkbox"/>
2. OFFICE ADDRESS: <b>3781 SW 36ST</b>	2. OFFICE ADDRESS: <b>3781 SW 36ST</b>	2. OFFICE ADDRESS: <b>3781 SW 36ST</b>	2. OFFICE ADDRESS: <b>3781 SW 36ST</b>	<input type="checkbox"/>	<input type="checkbox"/>
3. CITY & STATE: <b>HOLLYWOOD FL</b>	3. CITY & STATE: <b>HOLLYWOOD FL</b>	3. CITY & STATE: <b>HOLLYWOOD FL</b>	3. CITY & STATE: <b>HOLLYWOOD FL</b>	<input type="checkbox"/>	<input type="checkbox"/>
4. NAME:	4. NAME:	4. NAME:	4. NAME:	<input type="checkbox"/>	<input type="checkbox"/>
5. OFFICE ADDRESS:	5. OFFICE ADDRESS:	5. OFFICE ADDRESS:	5. OFFICE ADDRESS:	<input type="checkbox"/>	<input type="checkbox"/>
6. CITY & STATE:	6. CITY & STATE:	6. CITY & STATE:	6. CITY & STATE:	<input type="checkbox"/>	<input type="checkbox"/>
7. NAME:	7. NAME:	7. NAME:	7. NAME:	<input type="checkbox"/>	<input type="checkbox"/>
8. OFFICE ADDRESS:	8. OFFICE ADDRESS:	8. OFFICE ADDRESS:	8. OFFICE ADDRESS:	<input type="checkbox"/>	<input type="checkbox"/>
9. CITY & STATE:	9. CITY & STATE:	9. CITY & STATE:	9. CITY & STATE:	<input type="checkbox"/>	<input type="checkbox"/>
10. NAME:	10. NAME:	10. NAME:	10. NAME:	<input type="checkbox"/>	<input type="checkbox"/>
11. OFFICE ADDRESS:	11. OFFICE ADDRESS:	11. OFFICE ADDRESS:	11. OFFICE ADDRESS:	<input type="checkbox"/>	<input type="checkbox"/>
12. CITY & STATE:	12. CITY & STATE:	12. CITY & STATE:	12. CITY & STATE:	<input type="checkbox"/>	<input type="checkbox"/>
13. NAME:	13. NAME:	13. NAME:	13. NAME:	<input type="checkbox"/>	<input type="checkbox"/>
14. OFFICE ADDRESS:	14. OFFICE ADDRESS:	14. OFFICE ADDRESS:	14. OFFICE ADDRESS:	<input type="checkbox"/>	<input type="checkbox"/>
15. CITY & STATE:	15. CITY & STATE:	15. CITY & STATE:	15. CITY & STATE:	<input type="checkbox"/>	<input type="checkbox"/>

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 194.03(1)(b), Florida Statutes. I further certify that the information is filed on the annual report or supplemental annual report as true and accurate and that my corporation shall have the same liability for its failure to file as that of any other corporation of this corporation or the officer or trustee empowered to cause the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1 of Block 1 of changed, or on an attached sheet with an address.

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

4-28-95 305 167 2475