FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

MACDOI	VIEN 1 # V28574 NELL FARMS, INC.	(4)						
Principal Place of Business 1708 NW 8 ST., CAMPBELL DR HOMESTEAD FL 33030		Mailing Address MACDONELL FARMS INC PO BOX 901788 HOMESTEAD FL 33090-1788		1 100(4 BIISID NOSI 44/8) BIIII INSII 418	4 ;5:1 615(1 414(1 41	######################################		
		US			3. Date Incorporated or Qualified 04/10/1992	3a. Date of 05/01/1		port
2. Principal P	ace of Husiness	2a. Mailing Address			4. FEI Number	1 4010 11 1	,	olied For
21		26			65-0330563		<u> </u>	Applicable
Suite, Apt	有, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1 7 7	B.75 A	dditional
City & State	6	Crty & State			C Classica O-masian Sinassina			
23		28			6. Election Campaign Financing Trust Fund Contribution		5 5.00 r Added to	
Zip	Country	Zip	Country		8. This corporation has liability for	intangible tax ı	under s.	199.032,
24	25	29	30		Florida Statutes	Yes 🗌 No	-	. · · · · · · · · · · · · · · · · · · ·
	9. Name and Address of Current	Registered Agent	81 N	ame	10. Name and Address of New Ke	inistered Agen	<u>it</u>	
HOC	61	ame 						
711 E 38TH ST HIALEAH FL 33013			82 St	reet Addre	ss (P.O. Box Number is Not Acceptal	ole)		
HIAL	EAR FL 33013		83					
			64				T =====	
			84 Ci	•		FL 85	1 '	
office or r agent. La SIGNATURE	Sipolature, hypost or peres, e-main e-or neglistered argent	anothle d'applicable (NO	E: Registered Agent sig		d when reinslating)	DATE	Z	
12.	OFFICERS AND	DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFI		ECTORS Change	S IN 12 Addition
HAME	PD Macdonell, George N	ניין טניניונ	1.1 TITLE 1.2 NAME			ا ليبا	nanye	L. Addition
STREET ADORESS	1708 NW 8 ST CAMPBELL DR		13 STREET ADD	IESS				
CHY- \$1 - 74"	HOMESTEAD FL		1.4 City - St - Zif	1	e e			
T.ILE	₹₽ ₹	DELETE 21					Change	Addition
NAME	-MAODONELL, GAMUEL	`	22 NAME					
STREET ADORESS	-4 0721 S DIXIE HWY \$ 138		2 3 STREET ADD	RESS				
CITY - ST - ZIF	-MAMI Pt	DELETE	2 4 CiTY - ST - Zi	P			Change	Addition
TOTLE NAME		[_] Dittell	3.1 TITLE 3.2 NAME			LJ \	Mange	L AQUIION
STHEFT ADDRESS			3.3 STREET ADD	RESS				
C(1)7 - S* - Z(P			3.4. CITY - \$1 - ZI					
TITLE		DELETE	4.1 TITLE		-		Change	Addition
N4ME			4. 2 NAME					
STREET ADDRESS			4.3 STREET ADD	l l				
C TY - ST - ZIF		DELETE	4.4 CHY-ST-ZIE 5.1 TITLE		, , , , , , , , , , , , , , , , , , ,		Change	Addition
THLE		[_] Mill	5.2 NAME	•		<u>, , , , , , , , , , , , , , , , , , , </u>	go	
STREET ADDRESS			5.3 STREET ADD	RESS				
CHTY - ST - ZW			5.4 CITY-ST-ZIP	·	<u></u> . <u></u>			
TILLE	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	DELETE	6.1 TITLE				Change	Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET ADD	RESS				
CITY - ST. Zight	Company of the first of the second control o	with this files does not a	6.4 CITY-ST-ZIF		in Section 110 07/2\(\text{i}\) Elevide Obstati	no I further ead	lify that 4	ba
informatic Lancan o	by Certify that the information supplied in indicated on this annual report or sup flicer or director of the corporation or the in Black 12 or Black 13 if changed, or t	pplemental annual report is se recesser or trustee empos	true and accurate vered to execute	and that i	my signature shall have the same leg	al ettect as if m.	ade rind	ler oath: that

SIGNATURE:

FILED

Feb 28 1997 8:00am

Secretary of State