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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 834524

1. Corporation Name

POTASH IMPORT & CHEMICAL CORPORATION

Principal Place	e of Business	Mai	ling Address				, , , , , , , , , , , , , , , , , , , ,	•		
201 EAST 42ND STREET NEW YORK NY 10017			201 EAST 42ND STREET NEW YORK NY 10017							
							DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualifed			
							06/16/1975			_
2. Principal P	lace of Business	2a.	Mailing Address		_		4. FEI Number		Ap	plied For
21		26	26				13-1769330		No	t Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75	
22		27	_ _				3. Octambrio el Califo Delli el		Fee Re	`
City & State			City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
23		28					Trust Fund Contribution			o Fees
Zip ∽¬	Country	├ ──	Zip		ıntry		8. This corporation owes the cum	rent year Inta	angible □Yes	□No
24	25	29		30	_		Personal Property Tax. 10. Name and Address of New i	Penistered /		
	9. Name and Address of Curren	t Kegist	ered Agent		81	Name	10. Name and Address of New I	vediatorea v	190,11	
COR	PORATION SERVIE COMPANY									
1201 HAYS STREET, SUITE 105			82 Stre			Street Add	dress (P.O. Box Number is Not Accept	able)		
TALLAHASSEE FL 32301			83							
***]				
					84	City		FL	85 Zip (Code
44 5		2 1 60	7 4500 Florido Statu	tog the s	L_	nomed con	poration submits this statement for the		changing its	registered
office or r	registered agent, or both, in the State.	of Florida	a. Such change was	autnonze	עס ב	the corporati	tion's board of directors. I hereby acce	pt the appoir	itment as re	gistered
agent. I a	im familiar with, and accept the obliga	tions of,	Section 607.0505, FI	lorida Stat	utes	•				
SIGNATURE		if		E Bearter	LAnen	st cionature requir	red when reinstating)	DATE		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: R 12. OFFICERS AND DIRECTORS					13.		ADDITIONS/CHANGES TO OF		D DIRECTO	RS IN 12
TITLE	P	D. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	DELETE	1.1 T	TLE				Change	☐ Addition
NAME	HORN, GERHARD		_	1.2 N	AME					
STREET ADDRESS						TADDRESS				
	NEW YORK NY 10017				ITY-S1					
CITY-ST-ZIP TITLE	V		☐ DELETE	2.1 T		1-21			Change	☐ Addition
NAME	WAHL, HEINER		<u></u>	2.2 N						
	AND ELAT IND ATREET					T ADDRESS				
STREET ADDRESS	NEW YORK NY 10017				TY-S	,				
CITY-ST-ZIP	NEW TORK NT 10017	_	DELETE .	2.40 3.1 Ti		5(-ZIP			Change	Addition
TITLE _				3.2 N						
NAME						T ADDRESS				
STREET ADDRESS										
CITY-ST-ZIP			☐ DELETE	4,1 T		ST-ZIP			Change	Addition
TITLE					JAME				_ •	_
NAME						T ADDRESS				
STREET ADDRESS										_
CITY-ST-ZIP			☐ DELETE	5,1 T	mε	1-ZIP			[] Change	Addition
TITLE			□ DECC1E	5.1 I						
NAME						TADDRESS				
STREET ADDRESS	1				ITY-S	•		•		
CITY-ST-ZIP			☐ DELETE	6.1 T		1+411			Change	☐ Addition
TITLE	}			6.2 N		}				
NAME	Į.					TADORESS				
STREET ADDRESS				0.3 S	IKEE	I WDOKE99]				

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

UW/SIMILATURE GENERAL HOTTED
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

04/16/99

212 697-4994

CR2E034 (11/98)

iii.

FILED

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90087 045 ***150.00