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Mar 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 835972 (1)
1. Corporation Name
LATIN AMERICAN AGRIBUSINESS DEVELOPMENT CORPORAT
ION

Principal Place of Business

520 BRICKELL KEY DR.
SUITE 305
MIAMI FL 33131

Mailing Address

520 BRICKELL KEY DR.
SUITE 305
MIAMI FL 33131-2607



3. Date Incorporated or Qualified
03/15/1976

3a. Date of Last Report
03/18/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

4. FEI Number

13-2662873

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FREEMAN, STEPHEN A.
520 BRICKELL KEY DRIVE
SUITE 305
MIAMI FL 33131

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. 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME ROSS, ROBERT L
STREET ADDRESS 520 BRICKELL KEY DRIVE
CITY-ST-ZIP MIAMI FL

TITLE VP ☐ DELETE

NAME ALVAREZ, OSCAR
STREET ADDRESS 520 BRICKELL KEY DR
CITY-ST-ZIP MIAMI FL

TITLE V ☐ DELETE

NAME FERNANDEZ, BEN
STREET ADDRESS 520 BRICKELL KEY DRIVE
CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE

NAME LEONARD, WARREN R
STREET ADDRESS 520 BRICKELL KEY DRIVE
CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE

NAME ROBLES, RICARDO
STREET ADDRESS 520 BRICKELL KEY DRIVE
CITY-ST-ZIP MIAMI FL

TITLE C ☐ DELETE

NAME KELLY, FRANK
STREET ADDRESS 800 DOUGLAS RD., LA PUERTA DEL SOL #240
CITY-ST-ZIP CORAL GABLES FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

D ABDELA, ANGELO
520 BRICKELL KEY DR
MIAMI, FL

C ANGUIZOLA, ROBERTO
201 SOUTH BISCAYNE BLVD.
MIAMI, FL 33131

14. I do 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 as an attachment with an address.

SIGNATURE:

[Signature] 2/20/97

CR2E034 (9/96)