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**Jan 27 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 # F94000005281 (0)
1. Corporation Name
AMEROP SUGAR CORPORATION



Principal Place of Business: **701 BRICKELL AVE STE 2200 MIAMI FL 33131 US**
Mailing Address: **701 BRICKELL AVE STE 2200 MIAMI FL 33131-2800 US**

2. Principal Place of Business: **21**
Suite, Apt #, etc.: **22**
City & State: **23**
Zip: **24** Country: **25**

2a. Mailing Address: **26**
Suite, Apt #, etc.: **27**
City & State: **28**
Zip: **29** Country: **30**

3. Date Incorporated or Qualified: **10/11/1994**
3a. Date of Last Report: **02/05/1996**
4. FEI Number: **22-2019920**
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
**CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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. 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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		
TITLE	C	<input type="checkbox"/> DELETE
NAME	BENHAMOU, MAX	
STREET ADDRESS	20/22, RUE DE LA VILLE L EVEQUE	
CITY - ST - ZIP	75008 PARIS 75008/ FRANCE	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VARSANO, SERGE	
STREET ADDRESS	20/22, RUE DE LA VILLE L EVEQUE	
CITY - ST - ZIP	75008 PARIS 75008/FRANCE	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	RIVERO, JOSE A	
STREET ADDRESS	701 BRICKELL AVE.,SUITE 2200	
CITY - ST - ZIP	MIAMI FL 33131	
TITLE	VS	<input type="checkbox"/> DELETE
NAME	HEDREI, STEPHEN A	
STREET ADDRESS	701 BRICKELL AVE., SUITE 2200	
CITY - ST - ZIP	MIAMI FL 33131	
TITLE	PCFO	<input checked="" type="checkbox"/> DELETE
NAME	JACOBS, JOHN M.R.	
STREET ADDRESS	701 BRICKELL AVE.,SUITE 2200	
CITY - ST - ZIP	MIAMI FL 33131	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

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 on Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ DATE: **January 17, 1997**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #

CR2E034 (9/96)