

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

**FILED**  
**Mar 24 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F94000005281 (0)**  
 1. Corporation Name  
**AMEROP SUGAR CORPORATION**



Principal Place of Business <b>701 BRICKELL AVE                  STE 2200                  MIAMI FL 33131                  US</b>	Mailing Address <b>701 BRICKELL AVE                  STE 2200                  MIAMI FL 33131                  US</b>
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DO NOT WRITE IN THIS SPACE

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
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3. Date Incorporated or Qualified <b>10/11/1994</b>	4. FEI Number <b>22-2019920</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

g. 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
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	<b>C</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>BENHAMOU, MAX</b>
STREET ADDRESS	<b>20/22, RUE DE LA VILLE L'EVEQUE</b>
CITY-ST-ZIP	<b>75008 PARIS 75008/ FRANCE</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>VARSANO, SERGE</b>
STREET ADDRESS	<b>20/22, RUE DE LA VILLE L'EVEQUE</b>
CITY-ST-ZIP	<b>75008 PARIS 75008/FRANCE</b>
TITLE	<b>VS</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>HEDREI, STEPHEN A</b>
STREET ADDRESS	<b>701 BRICKELL AVE., SUITE 2200</b>
CITY-ST-ZIP	<b>MIAMI FL 33131</b>
TITLE	<b>DIRECTOR</b> <input type="checkbox"/> DELETE
NAME	<b>JEAN MICHEL BAILLY</b>
STREET ADDRESS	<b>20/22, RUE DE LA VILLE L'EVEQUE</b>
CITY-ST-ZIP	<b>75008 PARIS 75008/FRANCE</b>
TITLE	<b>DIRECTOR</b> <input type="checkbox"/> DELETE
NAME	<b>THIERRY BOURVIS</b>
STREET ADDRESS	<b>20/22, RUE DE LA VILLE L'EVEQUE</b>
CITY-ST-ZIP	<b>75008 PARIS 75008/FRANCE</b>
TITLE	<b>DIRECTOR</b> <input type="checkbox"/> DELETE
NAME	<b>MC VAN NELLE</b>
STREET ADDRESS	<b>20/22, RUE DE LA VILLE L'EVEQUE</b>
CITY-ST-ZIP	<b>75008 PARIS / FRANCE</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>PRES.</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>THIERRY J. SONGEUR</b>
1.3 STREET ADDRESS	<b>701 BRICKELL AVE. SUITE 2200</b>
1.4 CITY-ST-ZIP	<b>MIAMI FL. 33131</b>
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 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.

SIGNATURE: \_\_\_\_\_ **3. 11. 98** (305) 347-4730

CR2E034 (10/97)