


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2004 08:00 AM
Secretary of State

DOCUMENT # F94000005281 1. Entity 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 US	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E034 (11/03)

4. FEI Number 22-2019920		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P,D SONGEUR, THIERRY J CEO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	701 BRICKELL AVE SUITE 2200	NAME	U00000053494
STREET ADDRESS	MIAMI FL 33131	STREET ADDRESS	02/16/04-80134-015 150.00
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D VARSANO, SERGE <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	20/22, RUE DE LA VILLE L EVEQUE	NAME	
STREET ADDRESS	75008 PARIS 75008/France	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D BOURVIS, THIERRY <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	20122 RUE DE LA VILLE LEVEQUE	NAME	
STREET ADDRESS	75008 PARIS 75	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D VAN MELLE, MARIE-CAROLINE <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	20122 RUE LA LAVILLE LEVEQUE	NAME	
STREET ADDRESS	75008 PARIS FR	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VP,D SOTTILE, NICHOLAS CFO <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	701 BRICKELL AVENUE SUITE 2200	NAME	
STREET ADDRESS	MIAMI FL 33131	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	D NEHAMA, FRANCOIS-DAVID <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	701 BRICKELL AVENUE SUITE 2200	NAME	
STREET ADDRESS	MIAMI FL 33131	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. 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 report or supplemental 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 or empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **NICHOLAS SOTTILE** **2/2/04** **305 347 4736**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #