
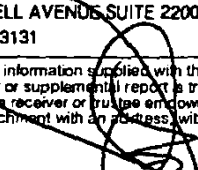


FILED
Mar 16, 2005 8:00 am
Secretary of State

02-03-2005 90039 019 *****8.75
 03-16-2005 90041 005 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # F84000005281					
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		4. FEI Number 22-2019920	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input checked="" 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 _____ DATE _____ <small>Signatures, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P, D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SONGEUR, THIERRY J CEO		NAME	DEMAIL, SAMI	
STREET ADDRESS	701 BRICKELL AVE SUITE 2200		STREET ADDRESS	20122 RUE DE LA VILLE L' EVEQUE	
CITY-ST-ZIP	MIAMI FL 33131		CITY-ST-ZIP	75008 PARIS, FRANCE	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VARSANO, SERGE		NAME		
STREET ADDRESS	20/22, RUE DE LA VILLE L EVEQUE		STREET ADDRESS		
CITY-ST-ZIP	75008 PARIS 75008/FRANCE		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOURVIS, THIERRY		NAME		
STREET ADDRESS	20122 RUE DE LA VILLE LEVEQUE		STREET ADDRESS		
CITY-ST-ZIP	75008 PARIS 75		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN MELLE, MARIE-CAROLINE		NAME		
STREET ADDRESS	20122 RUE LA VILLE LEVEQUE		STREET ADDRESS		
CITY-ST-ZIP	75008 PARIS FR		CITY-ST-ZIP		
TITLE	VP, D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOTTILE, NICHOLAS CFO		NAME		
STREET ADDRESS	701 BRICKELL AVENUE SUITE 2200		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33131		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEHAMA, FRANCOIS-DAVID		NAME		
STREET ADDRESS	701 BRICKELL AVENUE SUITE 2200		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33131		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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE: 			Nicholas Sottile VP & CFO 1/26/05 305 347 4736		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

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1st MOORE CR2E034 (10/04)