**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

PROFIT CORPORATION ANNUAL REPORT

**1996**

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

DOCUMENT # **G22805** **(7)**

1. Corporation Name

**AGRICULTURAL DEVELOPMENT CONSULTANTS, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 8900 S.W. 117TH AVE.<br>SUITE C-103<br>MIAMI FL 33186 | 8900 S.W. 117TH AVE.<br>SUITE C-103<br>MIAMI FL 33186 |

3. Date Incorporated or Qualified: **02/03/1983**
3a. Date of Last Report: **01/20/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.: 22 C-207
City & State: 23
Zip: 24 Country: 25

2a. Mailing Address
26
Suite, Apt. #, etc.: 27 SUITE C-207,
City & State: 28
Zip: 29 Country: 30

4. FEI Number: **59-2260709** ☐ 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

**POEY, FEDERICO**
**8380 S.W. 87TH TERR.**
**MIAMI FL 33143**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 8994 N.W. 146 TERR
83
84 City: miami **FL** 85 Zip Code: 33016

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 _____ DATE _____

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE | P | ☐ DELETE | 1 TITLE | | ☒ Change ☐ Addition |
| NAME | POEY, FEDERICO R. | | 2 NAME | | |
| STREET ADDRESS | 8380 S.W. 87TH TERR. | | 3 STREET ADDRESS | 8994 N.W. 146 TERR | |
| CITY-ST-ZIP | MIAMI FL | | 4 CITY-ST-ZIP | miami FL 33016 | |
| TITLE | ST | ☐ DELETE | 21 TITLE | | ☒ Change ☐ Addition |
| NAME | POEY, BERTHA A. | | 22 NAME | | |
| STREET ADDRESS | 8380 S.W. 87TH TERR. | | 23 STREET ADDRESS | 8994 N.W. 146 TERR | |
| CITY-ST-ZIP | MIAMI FL | | 24 CITY-ST-ZIP | miami FL 33016 | |
| TITLE | V | ☐ DELETE | 31 TITLE | | ☒ Change ☐ Addition |
| NAME | POEY, FEDERICO M. | | 32 NAME | | |
| STREET ADDRESS | 8380 SW 87TH TERR. | | 33 STREET ADDRESS | 8994 N.W. 146 TERR | |
| CITY-ST-ZIP | MIAMI FL | | 34 CITY-ST-ZIP | miami, FL 33016 | |
| TITLE | | ☐ DELETE | 41 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 42 NAME | | |
| STREET ADDRESS | | | 43 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 44 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 51 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 52 NAME | | |
| STREET ADDRESS | | | 53 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 54 CITY-ST-ZIP | | |
| TITLE | | ☐ DELETE | 61 TITLE | | ☐ Change ☐ Addition |
| NAME | | | 62 NAME | | |
| STREET ADDRESS | | | 63 STREET ADDRESS | | |
| CITY-ST-ZIP | | | 64 CITY-ST-ZIP | | |

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:** _____ **Federico M. Poey**
**Vice - President**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: January 22, 1996 Daytime Phone #: 305 598-5777