8:00 am

2003 I UNIFOR DOCUMENT 1. Entity Name AGRICULTURAL D	- GE	FILED Feb 10, 2003 8:00 an Secretary of State 02-10-2003 90197 006 ***158.75				
Principal Place of Busines 6501 NW 36TH ST 380 MIAMI FL 33166 US 2. Principal Place of Busin 8994 MM Suite, Apt. #, etc.	ness	Mailing Address 6501 NW 36TH ST 380 MIAM! FL 33166 US 3. Mailing Address 8994 N.W. /	46 TE22	CHECK HERE IF M	BIOIL B:911	
City & State Minmin F		City & State	FL	4. FEI Number 59-2260709	Applied For Not Applicable	
33018	U.S.A.	33018	Country USA.	5. Certificate of Status Desired	\$8.75 Additional	
Name and Address of Current Registered Agent				7. Name and Address of New Regis	tered Agent	
POEY, FEDERICO R 6501 NW-36TH ST, STE 380 MIAMI FL 33166-			Name Street Address (P.O. Box Number is Not Acceptable) 8994 N.W. 146 TELB City The Code 33018			
8. The above named entity the obligations of registr	submits this statement for ered agent.	r the purpose of changing its ri	egistered office or register	ed agent, or both, in the State of Florida.	I am familiar with, and accept	

SIGNATURE TESSES	DEN	1/3) 103	•
Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Rogistered Agent signature required when reinstating	g) DATE	

FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Applied For Not Applicable

10.	OFFICERS AND DIRECTORS		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
NAME STREET ADDRESS CITY-ST-ZIP	P POEY, FEDERICO R 6501 NW 36TH ST, STE 380 MIAMI FL 33166	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	8994 N.W. 46 TERR miami 87 33018	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TS POEY, BERTHA A 6501 NW 36TH ST STE 380 MIAMI FL 33166	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	8994 NW. 146 TERR miani Pl 33018	4-ehange	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PESTANO, BERNARDO 6501 NW 36TH ST, STE 380 MIAMI FL 33166	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	8994 NW. 146 TERR MIAMI FL 33018	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition	

12. I hereby certify that the information supplied with this filling 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 trus be 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/03

305 598-5777