

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

FILED

Feb 04 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # J00884 (3)

1. Corporation Name
SUMMITT AGRINTERNATIONAL, INC.

Principal Place of Business

SUMMIT INT'L
8950 LIVE OAK DR.
PRESCOTT AZ 86301
US

Mailing Address

SUMMIT AGR-INT'L
HC30 BOX 1553
PRESCOTT AZ 86301-9808
US



2. Principal Place of Business

21 Suite, Apt. #, etc

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 8950 LIVE OAK DR

27 Suite, Apt. #, etc

28 Zip

29 86301

30 Country

31 USA

3. Date Incorporated or Qualified

02/25/1986

3a. Date of Last Report

05/01/1996

4. FEI Number

59-2639676

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

RIVERA, LUIS
C/O INDUSTRIAL FEED TECH
2333 PONCE DE LEON
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name JOSE FERRER
82 Street Address (P.O. Box Number is Not Acceptable)
83 70 INDUSTRIAL FEED INT'L
84 City 782 N.W. LEXUME RD
85 Zip Code MIAMI FL 33134

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 JOSE FERRER

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1-21-97

12. OFFICERS AND DIRECTORS

TITLE	PDM	<input type="checkbox"/> DELETE
NAME	DUDICK, DONALD A	
STREET ADDRESS	HC30 BOX 1553, 8750 LIVE OAK	
CITY-ST-ZIP	PRESCOTT AZ	
TITLE	DST	<input type="checkbox"/> DELETE
NAME	DUDICK, M. L.	
STREET ADDRESS	HC30 BOX 1553, 8950 LIVE OAK	
CITY-ST-ZIP	PRESCOTT AZ	
TITLE	ASD	<input type="checkbox"/> DELETE
NAME	DUDICK, MICHAEL A.	
STREET ADDRESS	106 HIGH ST	
CITY-ST-ZIP	BRECKENRIDGE CO	
TITLE	ATO	<input type="checkbox"/> DELETE
NAME	DUDICK, BRIAN E.	
STREET ADDRESS	108 N HARRIS ST	
CITY-ST-ZIP	BRECKENRIDGE CO	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Donald A. Dudick 520 7787742
2-1-97 Daytime Phone #

CR2E034 (9/96)