

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

**FILED**  
**Apr 20, 1999 8:00 am**  
**Secretary of State**

04-20-1999 90053 034 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # K21858**  
 1. Corporation Name  
**AGRO FOODS, INC.**



Principal Place of Business  
 % MIGUEL M. GONZALWZ. ESO.  
~~370 MINORCA AVE., STE. 5~~  
 CORAL GABLES FL 33134  
 US

Mailing Address  
 % MIGUEL M. GONZALEZ. ESO.  
~~370 MINORCA AVE., STE. 5~~  
 CORAL GABLES FL 33134  
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21 717 Ponce de Leon Blvd.  
 Suite, Apt. #, etc.  
 22 Suite 317  
 City & State  
 23  
 Zip Country  
 24 25

2a. Mailing Address  
 26 717 Ponce de Leon Blvd.  
 Suite, Apt. #, etc.  
 27 Suite 317  
 City & State  
 28  
 Zip Country  
 29 30

3. Date Incorporated or Qualified  
 04/26/1988

4. FEI Number  
 65-0056820 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 owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent  
 GONZALEZ, MIGUEL M.  
 370 MINORCA AVE., SUITE 5  
 CORAL GABLES FL 33134

10. Name and Address of New Registered Agent  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 717 Ponce de Leon Blvd.  
 83 Suite 317  
 84 City FL 85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE LA SERNA-M, PABLO	1.2 NAME	
STREET ADDRESS	370 MINORCA AVE., SUITE 5	1.3 STREET ADDRESS	717 Ponce de Leon Blvd., Suite 317
CITY-ST-ZIP	CORAL GABLES FL	1.4 CITY-ST-ZIP	33134
TITLE	DP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE LA SERNA-V, RICARDO	2.2 NAME	
STREET ADDRESS	370 MINORCA AVE., SUITE 5	2.3 STREET ADDRESS	717 Ponce de Leon Blvd., Suite 317
CITY-ST-ZIP	CORAL GABLES FL	2.4 CITY-ST-ZIP	33134
TITLE	DVT <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE LA SERNA-M, EUTIMIO	3.2 NAME	
STREET ADDRESS	370 MINORCA AVE., SUITE 5	3.3 STREET ADDRESS	717 Ponce de Leon Blvd., Suite 317
CITY-ST-ZIP	CORAL GABLES FL	3.4 CITY-ST-ZIP	33134
TITLE	DV <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE LA SERNA-L, JESUS	4.2 NAME	
STREET ADDRESS	370 MINORCA AVE., SUITE 5	4.3 STREET ADDRESS	717 Ponce de Leon Blvd., Suite 317
CITY-ST-ZIP	CORAL GABLES FL	4.4 CITY-ST-ZIP	33134
TITLE	S <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, MIGUEL M	5.2 NAME	
STREET ADDRESS	370 MINORCA AVE., SUITE 5	5.3 STREET ADDRESS	717 Ponce de Leon Blvd., Suite 317
CITY-ST-ZIP	CORAL GABLES FL	5.4 CITY-ST-ZIP	33134
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE: \_\_\_\_\_ SIGNATURE REQUIRED  
 \_\_\_\_\_ DATE: 3/1/99 TIME: 305-461-1650 DAYTIME PHONE #

CR2E034 (1/198)