Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90116 049 \*\*\*158.75

## CR2E034 (11/98)

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

PROFIT
CORPORATION
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## **DOCUMENT # L00606**

Principal Place of Business POST OFFICE BOX 137 BELLE GLADE FL 33430  POST OFFICE BOX 137 BELLE GLADE FL 33430  DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualified 07/06/1989  2. Principal Place of Business 2. Mailling Address 2. Mailling Address 3. Date incorporated or Qualified 07/06/1989  2. Principal Place of Business 2. Mailling Address 3. Date incorporated or Qualified 07/06/1989  4. FEL Bunnber 65-0130997  St. Criticate of Status Desired 5. Criticate of Status Desired 6. Election Campaign Financing 6. Election Campaign Fin	1. Corporation AGRO S	ERVICES, INC.	•						
BELLE GLADE FL 39430  BELLE GLADE FL 39430  BELLE GLADE FL 39430  DO NOT WRITE IN THIS SPACE  3. Data incorporated or Qualified 07/06/1989  2. Principal Place of Business  2a. Mailling Address  4. FEI Number 65-0130997  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  City & State  DO NOT WRITE IN THIS SPACE  Not Applied For 65-0130997  Set This Corporation of Control Status Desired Fee Required Fee	Principal Place of Business Mailing Address						JI BIBIK BIBII BIBII DI	1811 818(1 1861	
2. Principal Place of Business	1				DO NOT WRITE IN TH	HIS SPACE			
21						07/06/1989			
Suite, Apt. #, etc.    Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   Suite, Apt. #, etc.   South, Apt. #, etc.	2. Principal Place of Business 2a. Mailing Address					,	<del> </del>		
S. Certificate of Status Desired   S. Certificate   S. Certificate of Status Desired   S. Certificate   S	21		26			65-0130997			
City & State	<b>⊢</b> ' '	#, etc.	<b>⊢</b> ' ' ' '			5., Certificate of Status Desired			
Zip Country Zip Country Zip Country 23 30 8. This corporation owes the current year Intangibly Personal Property Tax. Divises No.  9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 10. Name 10.	City & Stat	е	City & State			1 1			
9. Name and Address of Current Registered Agent  CARLSON, ALEX E. 145 CURTISS PARKWAY MIAMI SPRINGS FL 33166  81 Name  82 Street Address (P.O. Box Number is Not Acceptable)  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 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, and the state of 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, and title if applicable.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ITILE  PD  SAINZ, RAUL  12. NAME  SANZ, RAUL  13. STREET ADDRESS  CITY. ST. ZIP  MIAMI FL  Change  Additional Additio		Country	Zip	Country	/	8. This corporation owes the current year			
9. Name and Address of New Registered Agent  CARLSON, ALEX E. 145 CURTISS PARKWAY MIAMI SPRINGS FL 33166  82 Street Address (P.O. Box Number is Not Acceptable)  83  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, an familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature, Typed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ITILE  PD  OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ITILE  PD  OFFICERS AND DIRECTORS  13. STREET ADDRESS  CITY: ST. ZIP  MIAMI FL  OFFICERS  Additional Addition	24	25	29 30	آا		Personal Property Tax.	<b>I</b> Yes !	□No	
CARLSON, ALEX E.  145 CURTISS PARKWAY MIAMI SPRINGS FL 33166  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 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  Signature, typed or printed name of registered agent and title if applicable.  (NOTE: Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  PD  SAINZ, RAUL  STREET ADDRESS  CITY: ST-ZIP  MIAMI FL  DELETE  1.1 TITLE  DELETE  1.2 NAME  1.3 STREET ADDRESS  CITY: ST-ZIP  MIAMI FL  DELETE  2.2 NAME  STREET ADDRESS  CITY: ST-ZIP  STREET ADDRESS  CITY: ST-ZIP  Change  Additional Common Com		9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Register	ad Agent		
SIGNATURE    Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)   12. OFFICERS AND DIRECTORS   13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.	145 CURTISS PARKWAY MIAMI SPRINGS FL 33166			83   84   City   FL   85   Zip Code					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PD  SAINZ, RAUL  STREET ADDRESS  CITY-ST-ZIP  MIAMI FL  1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  CITY-ST-ZIP  1.4 CITY-ST-ZIP  TITLE  2.2 NAME  2.2 NAME  3.3 STREET ADDRESS  CITY-ST-ZIP  Change  Addition  Change  Change  Change  Addition  Change  Change  Addition  Change  Change  Change  Addition  Change  C	11. Pursuant office or ragent. I a	to the provisions of Sections 607.05( egistered agent, or both, in the State m familiar with, and accept the obliga	02 and 607.1508, Florida Statutes, of Florida. Such change was auth ations of, Section 607.0505, Florida	the abov orized by Statutes	e-named or the corpor s.	orporation submits this statement for the purpose ation's board of directors. I hereby accept the ap	of changing its r pointment as reg	registered jistered	
12. OFFICERS AND DIRECTORS IN 12  TITLE PD DELETE 1.1 TITLE  SAINZ, RAUL 12 NAME  STREET ADDRESS CITY-ST-ZIP  TITLE DELETE 2.1 TITLE  DELETE 2.1 TITLE  NAME 2.3 STREET ADDRESS CITY-ST-ZIP  TITLE DELETE 2.3 STREET ADDRESS CITY-ST-ZIP  TO Change Additional Control of the contro	SIGNATURE		AIOTE D			DATE:			
TITLE         PD         DELETE         1.1 TITLE         Change         Addition           NAME         SAINZ, RAUL         12 NAME         12 NAME         13 STREET ADDRESS         13 STREET ADDRESS         14 CITY-ST-ZIP         14 CITY-ST-ZIP         14 CITY-ST-ZIP         14 CITY-ST-ZIP         15 TITLE         15 Change         14 Addition         14 CITY-ST-ZIP         15 TITLE	12				an agriciore rec	dance mileting)	AND DIRECTO	RS IN 12	
NAME         SAINZ, RAUL         12 NAME           STREET ADDRESS         8550 W. FLAGLER, #101         1.3 STREET ADDRESS           CITY-ST-ZIP         MIAMI FL         14 CITY-ST-ZIP           TITLE         □ DELETE         2.1 TITLE           NAME         22 NAME         4           STREET ADDRESS         2.3 STREET ADDRESS           CITY-ST-ZIP         2.4 CITY-ST-ZIP								Addition	
STREET ADDRESS CITY-ST-ZIP         8550 W. FLAGLER, #101         1.3 STREET ADDRESS           TITLE         1.4 CITY-ST-ZIP           NAME         2.1 TITLE         Change Change Additional Control Change Control Cha				1.2 NAME					
CITY-ST-ZIP         MIAMI FL         14 CITY-ST-ZIP           TITLE         DELETE         2.1 TITLE         Change         Additional Control	1		•		TADDRESS				
TITLE         DELETE         2.1 TITLE         Change         Addition           NAME         22 NAME              STREET ADDRESS         2.3 STREET ADDRESS									
NAME  STREET ADDRESS  CITY-ST-ZIP  2.2 NAME  2.2 NAME  2.3 STREET ADDRESS  2.4 CITY-ST-ZIP  Change Cladditic		INDIAN I C	☐ DELETE		71-2IF		. Change	Addition	
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CITY-ST-ZIP 2.4 CITY-ST-ZIP	· · · · · ·				TADDRESS				
Change Additi	1					4			
	TITLE		☐ DELETE	3.1 TITLE	Ģ1-ΔIF		Change	☐ Addition	

14. I hereby certify that the information supplied with this filting 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, br on an attachment with an address, with all other like empowered.

3.3 STREET ADDRESS

4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

☐ DELETE

□ DELETE

□ DELETE

SIGNATURE:

NAME

TITLE NAME

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STREET ADDRESS

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CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND THEE ON AME OF SIGNING OFFICER OR DIRECTOR

2/2/99

(305)386-903/ Daytime Phone #

☐ Change

Change

Change

☐ Addition

Addition

☐ Addition