


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

FILED

Apr 29 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # M76543 (1)**  
 1. Corporation Name  
**U.S. AGRI-CHEMICALS CORPORATION**



Principal Place of Business <b>3225 STATE ROAD 630 WEST FORT MEADE FL 33841</b>	Mailing Address <b>3225 STATE ROAD 630 WEST FORT MEADE FL 33841-9778</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/14/1988</b>	3a. Date of Last Report <b>04/16/1996</b>
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number <b>62-1380532</b>		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24 Country	30 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>HELMS, ERNEST E. 3225 STATE ROAD 630 WEST FORT MEADE FL 33841</b>		10. Name and Address of New Registered Agent	
81 Name		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. 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	RD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, MALCOLM S.	1.2 NAME	
STREET ADDRESS	3225 STATE RD 630 WEST	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT MEADE FL	1.4 CITY-ST-ZIP	
TITLE	DVP	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHEN, MING LEI	2.2 NAME	
STREET ADDRESS	3225 STATE RD 630 WEST	2.3 STREET ADDRESS	3225 State Road 630 West
CITY-ST-ZIP	FT MEADE FL	2.4 CITY-ST-ZIP	Ft. Meade, Florida 33841
TITLE	DVPS	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HELMS, ERNEST E.	3.2 NAME	
STREET ADDRESS	3225 SR 630 W	3.3 STREET ADDRESS	3225 State Road 630 West
CITY-ST-ZIP	FT MEADE FL	3.4 CITY-ST-ZIP	Ft. Meade, Florida 33841
TITLE	DC	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHI, XIAO YUAN	4.2 NAME	
STREET ADDRESS	3225 STATE ROAD 630 WEST	4.3 STREET ADDRESS	3225 State Road 630 West
CITY-ST-ZIP	FT. MEADE FL	4.4 CITY-ST-ZIP	Ft. Meade, Florida 33841
TITLE	VCD	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DU, RU LIANG	5.2 NAME	
STREET ADDRESS	3225 STA RD 630 WEST	5.3 STREET ADDRESS	3225 State Road 630 West
CITY-ST-ZIP	FT. MEADE FL	5.4 CITY-ST-ZIP	Ft. Meade, Florida 33841
TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DENG, WAN ZHI	6.2 NAME	
STREET ADDRESS	3225 ST. RD. 630 WEST	6.3 STREET ADDRESS	3225 State Road 630 West
CITY-ST-ZIP	FT. MEADE FL 33841	6.4 CITY-ST-ZIP	Ft. Meade, Florida 33841

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 REQUIRED \_\_\_\_\_

CR2E034 (9/96)