

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
95 AUG -1 AM 11:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000088662 (9)

1. Corporation Name

BITTER CROP PRODUCTIONS, INC.

Principal Place of Business	Mailing Address
410 KTG&S REGISTERED AGENT CORPORATION 1401 BRICKELL AVE. SUITE 700 MIAMI FL 33131	410 KTG&S REGISTERED AGENT CORPORATION 1401 BRICKELL AVE. SUITE 700 MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/06/1994	3a. Date of Last Report
4. FEI Number 65-0559050	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 <i>efo Oscar de la Guardia</i>	25 <i>efo Oscar de la Guardia</i>
Suite, Apt. #, etc. 22 <i>5835 Blue Lagoon Drive</i>	Suite, Apt. #, etc. 27 <i>5835 Blue Lagoon Drive</i>
City & State 23 <i>Miami, FL</i>	City & State 28 <i>Miami, FL</i>
Zip 24 <i>33126</i>	Country 29 <i>33126</i>
Country 25	Country 30

9. Name and Address of Current Registered Agent

~~KTG&S REGISTERED AGENT CORPORATION~~
~~1401 BRICKELL AVE.~~
~~SUITE 700~~
~~MIAMI FL 33131~~

10. Name and Address of New Registered Agent

B1 Name <i>Oscar de la Guardia</i>
B2 Street Address (B.O. Box Number is Not Acceptable) <i>5835 Blue Lagoon Drive</i>
B3
B4 City <i>Miami</i>
FL B5 Zip Code <i>33126</i>

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: *[Signature]* *Oscar de la Guardia, President* 7/1/95
Signature must be handwritten of registered agent and filed in accordance with Florida Statutes, Section 607.0505.

12. OFFICERS AND DIRECTORS

TITLE	<i>Director, President & Secretary</i>
NAME	<i>Oscar de la Guardia</i>
STREET ADDRESS	<i>5835 Blue Lagoon Drive</i>
CITY, ST, ZIP	<i>Miami, FL 33126</i>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(B), Florida Statutes. I warrant and 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 or assignee to execute the 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]* *Oscar de la Guardia, President* 7/1/95 (56) 265-2920
Signature AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR