

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000088662
1. Corporation Name

BITTER CROP PRODUCTIONS, INC.

Principal Place of Business

5835 Blue Lagoon Drive
CRP 410
Miami, FL 33126

Mailing Address

c/o Oscar de la Guardia
5835 Blue Lagoon Drive
CRP 410
Miami, FL 33126

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip Country

3. Date Incorporated or Qualified

12/6/94

3a. Date of Last Report

4. FEI Number

65-0559050

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

Oscar de la Guardia
5835 Blue Lagoon Drive
CRP 410
Miami, FL 33126

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
P/T/S/D	Oscar de la Guardia	5835 Blue Lagoon Drive	Miami, FL 33126	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<input type="checkbox"/>
1.3 STREET ADDRESS	<input type="checkbox"/>
1.4 CITY-ST-ZIP	<input type="checkbox"/>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<input type="checkbox"/>
2.3 STREET ADDRESS	<input type="checkbox"/>
2.4 CITY-ST-ZIP	<input type="checkbox"/>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<input type="checkbox"/>
3.3 STREET ADDRESS	<input type="checkbox"/>
3.4 CITY-ST-ZIP	<input type="checkbox"/>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<input type="checkbox"/>
4.3 STREET ADDRESS	<input type="checkbox"/>
4.4 CITY-ST-ZIP	<input type="checkbox"/>
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<input type="checkbox"/>
5.3 STREET ADDRESS	<input type="checkbox"/>
5.4 CITY-ST-ZIP	<input type="checkbox"/>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<input type="checkbox"/>
6.3 STREET ADDRESS	<input type="checkbox"/>
6.4 CITY-ST-ZIP	<input type="checkbox"/>

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JR

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)(k), 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]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/96
Date

(305) 265-2858
Telephone Number

CRP2004 11/2/95