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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **V42178** (6)
1. Corporation Name
AGRICULTUREX CORPORATION

Principal Place of Business: **1802 ALTON ROAD SUITE 100 MIAMI FL 33139**
Mailing Address: **1802 ALTON ROAD SUITE 100 MIAMI FL 33139**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/09/1992**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	65-0396934	Not Applicable
22. Suite Apt # etc.	27. Suite Apt # etc.	5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24. C/O	25. C/O	29. C/O	30. C/O
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

ALEXANDER, A.
1602 ALTON ROAD
SUITE 100
MIAMI BEACH FL 33139

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code **FL**

11. Pursuant to the provisions of Sections 607.04(2) 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, hereby accept the appointment as registered agent. I am familiar with and a qualified filer of Section 607.06(2), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KANSY, J.P.	1. NAME	
STREET ADDRESS	1602 ALTON ROAD SUITE 100	1.1 STREET ADDRESS	
CITY, ST, ZIP	MIAMI BEACH FL	1.2 CITY, ST, ZIP	
TITLE	S	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LECOMPTTE, J.	2.1 NAME	
STREET ADDRESS	1602 ALTON ROAD SUITE 100	2.1 STREET ADDRESS	
CITY, ST, ZIP	MIAMI BEACH FL	2.2 CITY, ST, ZIP	
TITLE	VATS	3. TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRANGER, L.	3.1 NAME	
STREET ADDRESS	1602 ALTON ROAD SUITE 100	3.1 STREET ADDRESS	VATS GRANGER, L.
CITY, ST, ZIP	MIAMI BEACH FL	3.2 CITY, ST, ZIP	1602 Alton Rd. #100
TITLE		3.3 STREET ADDRESS	Miami Beach, FL
NAME		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		4.2 NAME	
CITY, ST, ZIP		4.3 STREET ADDRESS	
TITLE		4.4 CITY, ST, ZIP	
NAME		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5.2 NAME	
CITY, ST, ZIP		5.3 STREET ADDRESS	
TITLE		5.4 CITY, ST, ZIP	
NAME		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		6.2 NAME	
CITY, ST, ZIP		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 130.07(2)(b), 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 this 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 of this report, or on an office form with an address.

SIGNATURE: *J. LeCompte* **J. LeCompte** 4/28/95 305-358-9992
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER/DIRECTOR Date Digitized Name