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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 835972

1. Corporation Name

LATIN AMERICAN AGRIBUSINESS DEVELOPMENT CORPORAT  
ION

Principal Place of Business

520 BRICKELL KEY DR.  
SUITE 305  
MIAMI FL 33131

Mailing Address

520 BRICKELL KEY DR.  
SUITE 305  
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/15/1976

4. FEI Number

13-2662873

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

FREEMAN, STEPHEN A.  
520 BRICKELL KEY DRIVE  
SUITE 305  
MIAMI FL 33131

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	XX DELETE
NAME	ROSS, ROBERT L	
STREET ADDRESS	520 BRICKELL KEY DRIVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	ALVAREZ, OSCAR	
STREET ADDRESS	520 BRICKELL KEY DR	
CITY-ST-ZIP	MIAMI FL	
TITLE	V	XX DELETE
NAME	FERNANDEZ, BEN	
STREET ADDRESS	520 BRICKELL KEY DRIVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	XX DELETE
NAME	ABDELA, ANGELO	
STREET ADDRESS	520 BRICKELL KEY DR	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ROBLES, RICARDO	
STREET ADDRESS	520 BRICKELL KEY DRIVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	C	XX DELETE
NAME	ANGUIZANO, ROBERTO	
STREET ADDRESS	201 S BISCAYNE BLVD	
CITY-ST-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	FERNANDEZ, BENJAMIN	
1.3 STREET ADDRESS	520 BRICKELL KEY DR	
1.4 CITY-ST-ZIP	MIAMI, FL	
2.1 TITLE	CHAIRMAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	DAL BORG, GONZALO	
2.3 STREET ADDRESS	520 BRICKELL KEY DR.	
2.4 CITY-ST-ZIP	MIAMI, FL	
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	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	BUTTERICK, JACK	
4.3 STREET ADDRESS	520 BRICKELL KEY DR.	
4.4 CITY-ST-ZIP	MIAMI, FL	
5.1 TITLE	COMPTROLLER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	DAISY BENITEZ	
5.3 STREET ADDRESS	520 BRICKELL KEY DR.	
5.4 CITY-ST-ZIP	MIAMI, FL	
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 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, with all other like empowered.

SIGNATURE: *Daisy Benitez* Daisy Benitez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/8/99 305-4-151341

CR2E034 (1/1/98)

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