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**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90128 019 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # 791072**

1. Corporation Name

**FLORIDA SUGAR MARKETING & TERMINAL ASSN. INC.**

Principal Place of Business

2655 N OCEAN DR  
 SUITE 201  
 RIVIERA BEACH FL 33404  
 US

Mailing Address

2655 N OCEAN DR  
 SUITE 201  
 RIVIERA BEACH FL 33404  
 US



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

28 Zip

Country

3. Date Incorporated or Qualified

10/07/1977

4. FEI Number

59-1791586

Applied For

No: 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

9. Name and Address of Current Registered Agent

HALE, JOHN  
 2655 N OCEAN DRIVE  
 STE 201  
 RIVIERA BEACH FL 33404

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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 ☐ DELETE

TITLE PD  
 NAME VALDIVIA, JOSE  
 STREET ADDRESS 316 ROYAL POINCIANA PLAZ  
 CITY-ST-ZIP W PALM BCH FL

TITLE V  
 NAME HALE, JOHN  
 STREET ADDRESS 2655 N OCEAN DRIVE, #201  
 CITY-ST-ZIP RIVIERA BEACH FL 33404

TITLE SD  
 NAME CONTRERAS, ANTONIO  
 STREET ADDRESS DWEST SUGAR HOUSE RD.  
 CITY-ST-ZIP BELLE GLADE FL

TITLE TD  
 NAME FERNANDEZ, LUIS J  
 STREET ADDRESS 316 ROYAL POINCIANA PLAZA  
 CITY-ST-ZIP WEST PALM BEACH FL

TITLE PD  
 NAME TERRILL, JAMES  
 STREET ADDRESS 111 PONCE DE LEON  
 CITY-ST-ZIP CLEWISTON FL

TITLE VD  
 NAME CARSON, DON  
 STREET ADDRESS 316 ROYAL POINCIANA PLAZ  
 CITY-ST-ZIP W PALM BCH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
 1.2 NAME  
 1.3 STREET ADDRESS 340 ROYAL POINCIANA WAY #316  
 1.4 CITY-ST-ZIP PALM BEACH, FL

2.1 TITLE ☐ Change ☐ Addition  
 2.2 NAME  
 2.3 STREET ADDRESS  
 2.4 CITY-ST-ZIP

3.1 TITLE VD ☒ Change ☐ Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY-ST-ZIP

4.1 TITLE VD ☒ Change ☐ Addition  
 4.2 NAME  
 4.3 STREET ADDRESS 340 ROYAL POINCIANA WAY #316  
 4.4 CITY-ST-ZIP PALM BEACH, FL

5.1 TITLE SD ☒ Change ☐ Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY-ST-ZIP

6.1 TITLE TD ☒ Change ☐ Addition  
 6.2 NAME  
 6.3 STREET ADDRESS 340 ROYAL POINCIANA WAY #316  
 6.4 CITY-ST-ZIP PALM BEACH, FL

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with a power of attorney.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER, OR DIRECTOR

APRIL 20, 1999 (561)842-2458

Date

Daytime Phone #

CR2E037 (11/98)