FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 496881

(4)

AGROINDCO INTERNATIONAL CO.

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FILED Apr 07 1997 8:00am Secretary of State

Principal Place of Business 10435 SW 41ST TERRACE MIAMI FL 33165	Mailing Address 10435 SW 41ST TERRACE MIAMI FL 33165-4927	No		
			3. Date Incorporated or Qualified 02/15/1976	3a. Date of Last Report 04/25/1996
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	Suite, Apt. #, etc.		59-1650725	Not Applicable
22 Suite, Apr., W. Cit.	27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28		Trust Fund Contribution	Added to Fees
Zip Country	Zip	Country 30	8. This corporation has fiability fo Florida Statutes	r intangible tax under s. 199.032,
24 25 9, Name and Address of Current		30]	10. Name and Address of New R	
DIAZ, EDGARDO M		81 Name		
10435 SW 41ST TERRACE		82 Street Add	ress (P.O. Box Number is Not Accepte	able)
MIAMI, FL		83	·	
33165		63	,	
]		84 City		FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 office or registered agent, or both, in the State agent. Farm familiar with, and accept the obliga SIGNATURE Superance, typestor performance of regulared agent.	and the Lappicabio (NOTE	. Registered Agent signature requi	ired when reinstating)	DATE
12. OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	Change Addition
NAME DIAZ, MARIA H.	L) DECER	1.1 TITLE 1.2 NAME		Figuralize Fill yaqqqqii (
STHEFT ASDRESS 10435 SW 41 TERRACE		1.3 STREET ADDRESS		
CITY-SI ZIP MIAMI FL		1.4 CHY-ST-ZIP		
THE P	DELETE	2.1 TITLE		Change Addition
DOMINGUEZ, MARIA H.		2.2 NAME		ļ
STREET ADDRESS 7611 SW 78 CT. CHY-ST 79 MIAMI, FL 00000		23 STREET ADDRESS		-
Till 15	DELETE	2. 4 CHY - ST - ZIP 3.1 THLE		☐ Change ☐ Addition
EDGARDO M. DIAZ		3.2 NAME		
STREET ACCIDESS 10435 SW 41 TERE	RACE	3.3 STREET ADDRESS		
CHY-St ZIP MIAMI FL 33165	NE. EVE	3.4. CITY-ST-ZIP		
TIFLE	☐ DELETE	4.1 TITLE		Change Addition
NAME SUBLET ASORESS		4 2 NAME 4 3 STREET ADDRESS		
City-St-Zi2		4.4 CITY-ST-ZIP		
Tilti	DELETE	5.1 TITLE		Change Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
C(1Y - S1 - ZIF	DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
TITLE	□] Offfit	6.1 III.E 6.2 NAME		En orwinde En Vontroll
STHEET ADDRESS		63 STREET ADDRESS		
CHY-SI ZP		6.4 CITY-ST-ZIP		

14. I do 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 Brock 13 if changed, or on an attachmont with an address.

MARK MARK TO SECTION 19.07(3)(i), Florida Statutes. I further certify that the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an office 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 Brock 13 if changed, or on an attachmont with an address.

SIGNATURE:

SIGNATURE AND PRED OR PRINTED NAME OF SIGNING OFFICER OR DE

MARIA H. DIA 2 20-1140 5-24-97

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