

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

FILED

May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mojtam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 683884 (1)
1. Corporation Name
AGRIFLORA CORPORATION



Principal Place of Business 9475 NW 13 ST MIAMI FL 33172 US	Mailing Address 9475 NW 13 ST PO BOX 524164 MIAMI FL 33152-4164
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/08/1980		3a. Date of Last Report 05/01/1996	
21 Sulte, Apt. #, etc.		26 Sulte, Apt. #, etc.		4. FEI Number 59-2036294		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
VARELA, ALVARO 9475 NW 13 ST MIAMI FL 33172				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 _____ (NOTE: Registered Agent signature required when re-stating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	VARELA, ALVARO			1.2 NAME			
STREET ADDRESS	2500 GRANADA BLVD			1.3 STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL			1.4 CITY-ST-ZIP			
TITLE	SD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	VARELA, MARIO			2.2 NAME			
STREET ADDRESS	530 CAMPANA AVE			2.3 STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL			2.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	VARELA, FELIPE			3.2 NAME			
STREET ADDRESS	9800 S.W. 100TH AVE.			3.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			3.4 CITY-ST-ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	VARELA, ANDRES			4.2 NAME			
STREET ADDRESS	8263 S.W. 180TH STREET			4.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			4.4 CITY-ST-ZIP			
TITLE	T	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DELATORRE, NORBERT			5.2 NAME			
STREET ADDRESS	6911 W. WEDGEWOOD AVE.			5.3 STREET ADDRESS			
CITY-ST-ZIP	DAVE FL			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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 Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sandra B. Mojtam* 04/28/97 305 477-0291

CR2E034 (9/96)