FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # 706921

(4)

FLORIDA INTERNATIONAL AGRICULTURAL TRADE COUNCIL , INC.

, INC.											
Pr	incipal Place	of Business	Mailing Address	Mailing Address			HORRE THEO INCOME	II (ABA DIBAF DIDA)		EIDO OFBI 1081	
MAYO BUILDING ROOM 418 TALLAHASSEE FL 32399-7800			MAYO BUILDING ROOM 418 TALLAHASSEE EL 22200.								
US							3. Date incorporated or Qualified 3a. Date of Last Repor 03/02/1964 01/30/1995				
	Principal Pla	ace of Business	2a. Mailing Address			4. FEI Number	E00			pplied For	
21	Suite, Apt.	# etc	Suite, Apt. #, etc.			59-6213				Not Applicable Additional	
22	Calle, Apr.	, c.c.	27			Certificate of St	atus Desired		+	Required	
	City & State	2	City & State			6. Election Campa	-			May Be	
23	Zip	Country Zip C			Trust Fund Contribution Atry 8 This corporation has liability for			Added to Fees			
24	240	25 29 30			LLTY	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No					
		9. Name and Address of Cur			10. Name and Address of New Registered Agent						
			81 Name	Dailey, Hugh							
	DAILEY,	HUGH		82 Street Add	ress (P.O. Box Number	is Not Acceptab	ole)				
		2ND ST.			21		<u>,nd 5t</u>	reet			
		BANK OF OCALA, P.O. BOX	310 (see changes	٠) (83 C/0 5	Just Trust	Bank	NCF	P.0 1	Box 310	
		FL 32678	·	•	84 City	(G =	7	J -	85 Zip	Code	
L		(0 (0.70)	500 1047 4500 5: 11 6: 44		l Dec	ila, Fl. 3	4478	<u>FL</u>		1478	
1	or register	red agent, or both, in the State of F	502 and 617.1508, Florida Statutes, lorida. Such change was authorized	the abo	ve-named corpoi corporation's boa	ration submits this state rd of directors. I hereby	ment for the pur accept the app	rpose of chang ointment as re	ging its re egistered	agent. I am	
	familiar wit	th, and accept the obligations of, S	ection 617.0503, Florida Statutes.								
S	GNATURE _	Signature, typed or printed name of registered a	gent and title if applicable (NOTE	Registered	Agent signature require	d when reinstaling)		DATE			
1:			AND DIRECTORS	13.			ANGES TO OFF	ICERS AND E	SIRECTOR	RS IN 12	
Til	TL E	TD	DELETE	1.1 Ti	TLE				Change	Addition	
N/A	ME	DAILEY, HUGH		1.2 NA							
ST	EET ADDRESS P.O. BOX 310 N/A			1.3 ST						24.50	
CI	TY-ST-2IF			1.4 CI	TY-ST-ZIP					34478	
1	ILE	PD	□DELETE 21		LTE				Change	Addition	
N/	IME	BALDWIN, LEROY		2 2 NAM							
ST	REET ADDRESS	3660 NW 56TH STREET		23\$1	REET ADDRESS						
	TY - ST - ZIP	OCALA FL	Factor		ITY-ST-ZIP				Channe	C Addition	
Į i	TLE	VD	DELETE	3.1 TI] Change	Addition	
	AME .	OELFHE, WALTER		3 2 N							
	REET ADDRESS	RT. 1, SPRING RIDGE, 438	MOURE STREET		REET ADDRESS						
	TY-ST-ZIP TLE	HIGH SPRINGS FL	DELETE	4.1 TI	ITY-ST-ZIP				Change	☐ Addition	
	NME	SD DADAJON DOBEDTO E		4. 2 N				_			
	REET ADDRESS	PARAJON, ROBERTO E. 1201 SOUTH OCEAN DRIV	E ADT OF E		TREET ADDRESS						
	TY-ST-ZiP	HOLLYWOOD FL	IE, AF1. 20-3		TY - ST - ZIP						
	TLE	HOLLITOOD IL	DELETE	51 Tt					Change	☐ Addition	
	AMÉ		_	5 2 N	1						
	REET ADDRESS				REET ADDRESS						
	TY-S1-ZIP				TY-ST-ZIP						
	TLE		DELETE	6 1 TI					Change	☐ Addition	
N/	AME			62 N	AME					ſ	
Si	REET ADDRESS			635	IREET ADDRESS						
La	TV - \$1 - 71P			640	TY - 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 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this almulal 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 adjustation 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 changes for an adjustacilitient with an address.

SIGNATURE: ___

SIGNATURE AND TYPED