

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortman
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 790984 (9)
1. Corporation Name

FLORIDA MOLASSES EXCHANGE, INC.

FILED
95 JAN 25 PM 12:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
2655 N OCEAN DR 2655 N OCEAN DR
RIVIERA BEACH FL 33404 RIVIERA BEACH FL 33404

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2b. Mailing Address
21 Suite, Apt. #, etc. 28 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 29 Zip 30 Country

3. Date Incorporated or Qualified 3a. Date of Last Report
04/30/1969 02/15/1994
4. FEI Number Applied For
59-1274057 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WHITE, JOHN B
222 LAKEVIEW AVE
SUITE 1000
WEST PALM BEACH FL 33401

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE SD
NAME TERRILL, JAMES E
STREET ADDRESS 111 PONCE DE LEON AVE.
CITY-ST-ZIP CLEWISTON FL

TITLE D
NAME FANJUL, JOSE
STREET ADDRESS 316 ROYAL POINCIANA PLZ
CITY-ST-ZIP PALM BEACH FL 33480

TITLE PD
NAME VALDIVIA, JOSE, JR
STREET ADDRESS 316 ROYAL POINCIANA PLZ
CITY-ST-ZIP PALM BEACH FL

TITLE VD
NAME CONTRERAS, ANTONIO L. JR
STREET ADDRESS AIRPORT ROAD
CITY-ST-ZIP BELLE GLADE FL

TITLE AS
NAME RAINBOW, JEAN C
STREET ADDRESS 2655 N OCEAN DR
CITY-ST-ZIP RIVIERA BCH FL 33404

TITLE TD
NAME PONS, FRANCISCO
STREET ADDRESS 26400 OLD STATE 880
CITY-ST-ZIP BELLE GLADE FL

1.1 TITLE PD Change Addition
1.2 NAME Contreras, Antonio L. Jr.
1.3 STREET ADDRESS Airport Road
1.4 CITY-ST-ZIP Belle Glade, FL 33430

2.1 TITLE VD Change Addition
2.2 NAME Terrill, James E.
2.3 STREET ADDRESS 111 Ponce de Leon Ave.
2.4 CITY-ST-ZIP Clewiston, FL 33440

3.1 TITLE SD Change Addition
3.2 NAME Pons, Francisto
3.3 STREET ADDRESS 26400 Old State 880
3.4 CITY-ST-ZIP Belle Glade, FL 33430

4.1 TITLE TD Change Addition
4.2 NAME Valdivia, Jose F. Jr.
4.3 STREET ADDRESS 316 Royal Poinciana Plz
4.4 CITY-ST-ZIP Palm Beach, FL 33480

5.1 TITLE AS Change Addition
5.2 NAME Rainbow, Jean C.
5.3 STREET ADDRESS 2655 N. Ocean Dr.
5.4 CITY-ST-ZIP Riviera Beach, FL 33404

6.1 TITLE Change Addition
6.2 NAME SEE ATTACHED FOR ADDITIONAL DIRECTORS
6.3 STREET ADDRESS
6.4 CITY-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 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 this corporation or the receiver or trustee empowered to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Jean Rainbow
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Jean Rainbow

Jan. 17, 1995 407-848-3301

FLORIDA MOLASSES EXCHANGE, INC.

DIRECTORS

D

Luis Fernandez
26400 Old State 880
Belle Glade, FL 33430

D

Erik Blomqvist
316 Royal Poinciana Plz.
Palm Beach, FL 33480

D

Donald Carson
316 Royal Poinciana Plz.
Palm Beach, FL 33480

D

Alberto Recio
316 Royal Poinciana Plz.
Palm Beach, FL 33480

D

Carlos Rionda
316 Royal Poinciana Plz.
Palm Beach, FL 33480

D

Robert D. Apelgren
Airport Road
Belle Glade, FL 33430

D

Fritz Stein, Jr.
Airport Road
Belle Glade, FL 33430

D

Juan Castro
Talisman Sugar House
Belle Glade, FL 33430

D

Miguel Cervera
Talisman Sugar House
Belle Glade, FL 33430

D

Robert Buker
111 Ponce de Leon Ave.
Clewiston, FL 3344

D

J. Nelson Fairbanks
111 Ponce de Leon Ave.
Clewiston, FL 33440

D

Jerry W. Grace
111 Ponce de Leon Ave.
Clewiston, FL 33440

D

Greg Ford
111 Ponce de Leon Ave.
Clewiston, FL 33440

D

Malcolm S. Wade, Jr.
111 Ponce de Leon Ave.
Clewiston, FL 33440