

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 790984 (9)

1. Corporation Name

FLORIDA MOLASSES EXCHANGE, INC.

Principal Place of Business

**2655 N OCEAN DR
RIVIERA BEACH FL 33404**

Mailing Address

**2655 N OCEAN DR
RIVIERA BEACH FL 33404**



3. Date Incorporated or Qualified
04/30/1969

3a. Date of Last Report
01/25/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1274057

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

City & State

City & State

23

28

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be Added to Fees**

24

25

Country

29

30

Country

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 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

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

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

TITLE **TD** ☐ DELETE
NAME **VALDIVIA, JOSE F JR**
STREET ADDRESS **316 ROYAL POINCIANA PLZ**
CITY-ST-ZIP **PALM BEACH FL**

TITLE **PD** ☐ DELETE
NAME **CONTRERAS, ANTONIO L. JR**
STREET ADDRESS **AIRPORT ROAD**
CITY-ST-ZIP **BELLE GLADE FL**

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

TITLE **SD** ☐ DELETE
NAME **PONS, FRANCISTO**
STREET ADDRESS **26400 OLD STATE 880**
CITY-ST-ZIP **BELLE GLADE FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **PD** ☒ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2.1 TITLE **D** ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

CARSON, DON

316 ROYAL POINCIANA PLZ

PALM BEACH FL 33480

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

SD ☒ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TD ☒ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

AS ☐ Change ☒ Addition

HILL, FRED

2655 N OCEAN DR

RIVIERA BCH FL 33404

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

VD ☒ Change ☐ Addition

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 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.

SIGNATURE:

Frank R. Hill
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 13, 1996

Date

Daytime Phone #

CR2E037 (12/95)