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Apr 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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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 33404-4751
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3. Date Incorporated or Qualified 04/30/1969	3a. Date of Last Report 03/26/1996
4. FEI Number 59-1274057	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 30
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9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	TERRILL, JAMES E	
STREET ADDRESS	111 PONCE DE LEON AVE.	
CITY - ST - ZIP	CLEWISTON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CARSON, DON	
STREET ADDRESS	316 ROYAL POINCIANNA PLZ	
CITY - ST - ZIP	PALM BEACH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	VALDIVIA, JOSE F JR	
STREET ADDRESS	316 ROYAL POINCIANA PLZ	
CITY - ST - ZIP	PALM BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CONTRERAS, ANTONIO L. JR	
STREET ADDRESS	AIRPORT ROAD	
CITY - ST - ZIP	BELLE GLADE FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	HILL, FRED	
STREET ADDRESS	2655 N OCEAN DR	
CITY - ST - ZIP	RIVIERA BEACH FL	
TITLE	VD	<input type="checkbox"/> 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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **REQUIRED** Date: **Mar 21, 97** (561) 842 2458 Daytime Phone # 0040028

CP2E037 (9/96)