

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 03 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA 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

Mailing Address

2655 N OCEAN DR  
RIVIERA BEACH FL 334042655 N OCEAN DR  
RIVIERA BEACH FL 33404-47513. Date Incorporated or Qualified  
04/30/19693a. Date of Last Report  
03/26/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-1274057

Applied For

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 Fees8. 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME TERRILL, JAMES E  
STREET ADDRESS 111 PONCE DE LEON AVE.  
CITY - ST - ZIP CLEWISTON FL1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIPTITLE D  
NAME CARSON, DON  
STREET ADDRESS 316 ROYAL POINCIANNA PLZ  
CITY - ST - ZIP PALM BEACH FL2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIPTITLE SD  
NAME VALDIVIA, JOSE F JR  
STREET ADDRESS 316 ROYAL POINCIANA PLZ  
CITY - ST - ZIP PALM BEACH FL3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIPTITLE TD  
NAME CONTRERAS, ANTONIO L. JR  
STREET ADDRESS AIRPORT ROAD  
CITY - ST - ZIP BELLE GLADE FL4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIPTITLE AS  
NAME HILL, FRED  
STREET ADDRESS 2655 N OCEAN DR  
CITY - ST - ZIP RIVIERA BEACH FL5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIPTITLE VD  
NAME PONS, FRANCISCO  
STREET ADDRESS 26400 OLD STATE 880  
CITY - ST - ZIP BELLE GLADE FL6.1 TITLE  
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 21, 97 (561) 842 2458

Date

Daytime Phone # 0040028

CR2E037 (9/96)