

FILE NOW: FILING FEE IS \$61.25

FILED  
May 08 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **791072** (2)  
1. Corporation Name  
**FLORIDA SUGAR MARKETING & TERMINAL ASSN. INC.**



Principal Place of Business <b>2655 N OCEAN DR SUITE 201 SINGER ISLAND FL 33404-4793</b>	Mailing Address <b>2655 N OCEAN DR SUITE 201 SINGER ISLAND FL 33404-4793</b>
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3. Date Incorporated or Qualified <b>10/07/1977</b>	3a. Date of Last Report <b>03/27/1996</b>
4. FEI Number <b>59-1791586</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> 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 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

**HILL, FRED R  
2655 N OCEAN DR  
SUITE 201  
SINGER ISLAND FL 33404**

10. Name and Address of New Registered Agent

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	SD
NAME	VALDIVIA, JOSE	1.2 NAME	
STREET ADDRESS	316 ROYAL POINCIANA PLAZ	1.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH FL	1.4 CITY-ST-ZIP	
TITLE	V	2.1 TITLE	
NAME	HILL, FRED	2.2 NAME	
STREET ADDRESS	2655 N OCEAN DR, #201	2.3 STREET ADDRESS	
CITY-ST-ZIP	SINGER ISLAND FL	2.4 CITY-ST-ZIP	
TITLE	PD	3.1 TITLE	TD
NAME	APELGREN, ROBERT	3.2 NAME	CONTRERAS, ANTONIO
STREET ADDRESS	505 GREENWAY DRIVE	3.3 STREET ADDRESS	WEST SUGAR HOUSE ROAD
CITY-ST-ZIP	NORTH PALM BEACH FL	3.4 CITY-ST-ZIP	BELLE GLADE FL
TITLE	SD	4.1 TITLE	VD
NAME	PONS, FRANCISCO	4.2 NAME	
STREET ADDRESS	OLD STATE ROAD 80	4.3 STREET ADDRESS	
CITY-ST-ZIP	BELLE GLADE FL	4.4 CITY-ST-ZIP	
TITLE	VD	5.1 TITLE	PD
NAME	TERRILL, JAMES	5.2 NAME	
STREET ADDRESS	111 PONCE DE LEON	5.3 STREET ADDRESS	
CITY-ST-ZIP	CLEWISTON FL	5.4 CITY-ST-ZIP	
TITLE	VD	6.1 TITLE	
NAME	CARSON, DON	6.2 NAME	
STREET ADDRESS	316 ROYAL POINCIANA PLAZ	6.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH FL	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: **FRED HILL** 04/25/97 (561) 842-2458  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0040030

CR2E037 (9/96)