

FILE NOW: FILING FEE IS \$61.25

FILED  
May 20 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</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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2. Principal Place of Business <b>21 2655 N. OCEAN DRIVE</b> Suite, Apt. #, etc. <b>22 SUITE 201</b> City & State <b>23 RIVIERA BEACH, FL</b> Zip <b>24 33404</b> Country <b>25 U.S.A.</b>	2a. Mailing Address <b>26 2655 N. OCEAN DRIVE</b> Suite, Apt. #, etc. <b>27 SUITE 201</b> City & State <b>28 RIVIERA BEACH, FL</b> Zip <b>29 33404</b> Country <b>30 U.S.A.</b>
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3. Date Incorporated or Qualified <b>10/07/1977</b>
4. FEI Number <b>59-1791586</b>
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>HILL, FRED R 2655 N OCEAN DR SUITE 201 SINGER ISLAND FL 33404</b>	10. Name and Address of New Registered Agent <b>81 Name JOHN HALE 82 Street Address (P.O. Box Number is Not Acceptable) 2655 N. OCEAN DRIVE 83 SUITE 201 84 City RIVIERA BEACH FL 85 Zip Code 33404</b>
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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]* (NOTE: Registered Agent signature required when reinstating) DATE **MAY 11, 1998**

12. OFFICERS AND DIRECTORS	
TITLE <b>SD</b>	<input type="checkbox"/> DELETE
NAME <b>VALDIVIA, JOSE</b>	
STREET ADDRESS <b>316 ROYAL POINCIANA PLAZ</b>	
CITY-ST-ZIP <b>W PALM BCH FL</b>	
TITLE <b>V</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>HILL, FRED</b>	
STREET ADDRESS <b>2655 N OCEAN DR, #201</b>	
CITY-ST-ZIP <b>SINGER ISLAND FL</b>	
TITLE <b>TD</b>	<input type="checkbox"/> DELETE
NAME <b>CONTRERAS, ANTONIO</b>	
STREET ADDRESS <b>DWEST SUGAR HOUSE RD.</b>	
CITY-ST-ZIP <b>BELLE GLADE FL</b>	
TITLE <b>VD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>PONS, FRANCISCO</b>	
STREET ADDRESS <b>OLD STATE ROAD 80</b>	
CITY-ST-ZIP <b>BELLE GLADE FL</b>	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE
NAME <b>TERRILL, JAMES</b>	
STREET ADDRESS <b>111 PONCE DE LEON</b>	
CITY-ST-ZIP <b>CLEWISTON FL</b>	
TITLE <b>VD</b>	<input type="checkbox"/> DELETE
NAME <b>CARSON, DON</b>	
STREET ADDRESS <b>316 ROYAL POINCIANA PLAZ</b>	
CITY-ST-ZIP <b>W PALM BCH FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE <b>V</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME <b>JOHN HALE</b>	
2.3 STREET ADDRESS <b>2655 N. OCEAN DRIVE, #201</b>	
2.4 CITY-ST-ZIP <b>RIVIERA BEACH, FL</b>	
3.1 TITLE <b>SD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE <b>VD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME <b>LUIS J. FERNANDEZ</b>	
4.3 STREET ADDRESS <b>316 ROYAL POINCIANA PLAZA</b>	
4.4 CITY-ST-ZIP <b>WEST PALM BEACH, FL</b>	
5.1 TITLE <b>TD</b>	<input checked="" 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 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.

CR2E037 (10/97)