

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS**FILED**
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90128 019 ****61.25

0041096

DOCUMENT # 791072

1. Corporation Name

FLORIDA SUGAR MARKETING & TERMINAL ASSN. INC.

Principal Place of Business

2655 N OCEAN DR
SUITE 201
RIVIERA BEACH FL 33404
US

Mailing Address

2655 N OCEAN DR
SUITE 201
RIVIERA BEACH FL 33404
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

10/07/1977

4. FEI Number

59-1791586

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

HALE, JOHN
2655 N OCEAN DRIVE
STE 201
RIVIERA BEACH FL 33404

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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 ☐ DELETETITLE PD
NAME VALDIVIA, JOSE
STREET ADDRESS 316 ROYAL POINCIANA PLAZ
CITY-ST-ZIP W PALM BCH FLTITLE V
NAME HALE, JOHN
STREET ADDRESS 2655 N OCEAN DRIVE, #201
CITY-ST-ZIP RIVIERA BEACH FL 33404TITLE SD
NAME CONTRERAS, ANTONIO
STREET ADDRESS DWEST SUGAR HOUSE RD.
CITY-ST-ZIP BELLE GLADE FLTITLE TD
NAME FERNANDEZ, LUIS J
STREET ADDRESS 316 ROYAL POINCIANA PLAZA
CITY-ST-ZIP WEST PALM BEACH FLTITLE PD
NAME TERRILL, JAMES
STREET ADDRESS 111 PONCE DE LEON
CITY-ST-ZIP CLEWISTON FLTITLE VD
NAME CARSON, DON
STREET ADDRESS 316 ROYAL POINCIANA PLAZ
CITY-ST-ZIP W PALM BCH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 340 ROYAL POINCIANA WAY #316

1.4 CITY-ST-ZIP PALM BEACH, FL

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ 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, with a power of attorney.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 20, 1999 (561)842-2458

Date

Daytime Phone #

CR2E037 (11/98)