FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -7 PM 3:25

DOCUMENT # 850553 (9)

1. Corporation Name
AGRO-K CORPORATION

Principal Place of Business
36 - 37TH AVE., N.E.
MINNEAPOLIS MN 55421

Mailing Address
36 - 37TH AVE., N.E.
MINNEAPOLIS MN 55421

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualified: 10/01/1981
3a. Date of Last Report: 02/21/1994
4. FEI Number: 41-1276936 ☐ 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 Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Connie Rajamannan 2/1/95
Signature, typed or printed name of registered agent and if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	RAJAMANNAN, A.H.J.,(DR.)
STREET ADDRESS	2120 ARGONNE DR.N.E.
CITY-ST-ZIP	MINNEAPOLIS MN
TITLE	D
NAME	SHAFER,LAVERNE
STREET ADDRESS	P.O. BOX 218,H#3 N/A
CITY-ST-ZIP	CLEGHORN IA
TITLE	D
NAME	SHIRLEY, J.
STREET ADDRESS	577 UPPER QUEEN STREET
CITY-ST-ZIP	LONDON, ONTARIO, CAN
TITLE	S
NAME	RAJAMANNAN,C.
STREET ADDRESS	2120 ARGONNE DR.N.E.
CITY-ST-ZIP	MINNEAPPOLIS MN
TITLE	D
NAME	LUNDQUIST, P.
STREET ADDRESS	3451 STRATFORD RD., N.E.
CITY-ST-ZIP	ATLANTA GA
TITLE	D
NAME	SHAFER, LARRY
STREET ADDRESS	9909-36TH PLACE NORTH
CITY-ST-ZIP	MINNEAPOLIS MN

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Connie Rajamannan 2/1/95 612 781 3867
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #
CONCIE RAJAMANNAN

0497810 FP