

PLEASE PRINT IN CAPITAL LETTERS. DO NOT WRITE IN THESE SPACES.

LIMITED
PARTNERSHIP
REINSTATEMENTFLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # B00000000290

1. Name of Limited Partnership

Industrias Agricolas Tulan Limitada Limited

9/28/01

2. Principal Office Address

78 Avenida 6-53, Zona 4

3. Mailing Office Address

C/O Greenberg Traurig PA
777 S. Flagler Dr.

Suite, Apt. #, etc.

Ofc. 143 "A"

13 Nivel, Ed. El Triangulo

City & State

Guatemala

Suite, Apt. #, etc.

Suite 300 East

City & State

West Palm Beach, FL

Zip

Country
Guatemala

Zip

33401

Country

USA

8. Name and Address of Current Registered Agent

Name

Corporation Service Company

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

1201 Nays Street

Suite, Apt. #, Etc.

City Tallahassee

State
FLZip Code
32301

9. Pursuant to the provisions of sections 620.1061 and 620.102, Florida Statutes, the above-named limited partnership organized or registered under the laws of the State of Florida, 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 its general partner(s). I hereby accept the appointment of registered agent. I am hereby with, and accept the obligations of section 620.102, Florida Statutes.

SIGNATURE (Registered Agent Accepting Appointment)

BRIAN COURTNEY, ASST. V.P.

DATE

11-19-01

A GENERAL PARTNER THAT IS A CORPORATION, LIMITED PARTNERSHIP OR OTHER BUSINESS ENTITY
MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.

10. Name(s) of General Partner(s)	Address of Each General Partner (Do NOT Use Post Office Box Numbers)	City, State and Zip Code	10a. Registration Document Number
Industrias Agricolas X Pecuarías Tulan, S.A.	7A Avenida 6-53, Zona 4, Ofc. 143 "A" 13 Nivel, Ed. El Triangulo	Guatemala, Guatemala	F00000005283
Industria, Comercio E Inversiones Cavitlan, S.A.	7A Avenida 6-53, Zone 4, Ofc. 143 "A" 13 Nivel, Ed. El Triangulo	Guatemala, Guatemala	F00000005280

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REINSTATEMENT

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Note: General partners MAY NOT be changed on this form; an amendment must be filed to change a general partner.

11. I am hereby certifying that the information supplied with this filing is true and correct and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I release the Division of Corporations from any liability or non-compliance with Section 119.07(3)(b) in the event that the information supplied is deemed exempt from public access. I further certify that the information disclosed on this annual report is true and accurate and that my signature shall have the same legal effects as if made under oath. I further certify that I am a General Partner of the limited partnership, receiver or trustee empowered to execute this report as required by chapter 620, Florida Statutes.

SIGNATURE

Jose Buitrago/Vice President

DATE

11/13/01

Typed or Printed Name of General Partner Signing Form

Telephone Number