2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State
05-04-2004 90176 022 ***150.00

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1. Entity Name
CROPLIFE LATIN AMERICAN, INC.

Principal Place of Business	Mailing Address
CSC-LAWYERS INCORPORATED SERVICE COMPANY 11 EAST CHASE ST. BALTIMORE, MD 21202	444 BRICKELL AVENUE, STE. 705 MIAMI, FL 33131

03302004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2290427
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RUIZ, ALFREDO
444 BRICKELL AVENUE STE. 705
MIAMI, FL 33131

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	~~OP~~	President
NAME	~~RUIZ, ALFREDO~~	Alfredo Ruiz
STREET ADDRESS	444 BRICKELL AVENUE, STE. 705	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	~~VP~~	Chairman
NAME	~~LONGUETEAN, JEAN P~~	Rolando Meninato
STREET ADDRESS	444 BRICKELL AVENUE, STE. 705	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	~~D~~	First Vice Chairman
NAME	~~WISDOM, WILLIAM~~	Marc Reichardt
STREET ADDRESS	444 BRICKELL AVENUE, STE. 705	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE	~~T~~	Second Vice Chairman
NAME	~~BUZIO, CARLOS~~	Valdemar Fischer
STREET ADDRESS	444 BRICKELL AVENUE, STE.	
CITY-ST-ZIP	MIAMI, FL 33131	
TITLE		Treasurer
NAME		Antonio Zem
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X _____ April 15/04 X 305-3777773
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #