

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90010 033 ***150.00

DOCUMENT # F28288

1. Corporation Name
GRACE KENNEDY (U.S.A.) INC.

Principal Place of Business

4880 SW 152 PLACE
APT H
MIAMI FL 33185
US

Mailing Address

POST OFFICE BOX 65-3838
#210
MIAMI FL 33265
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/03/1981

4. FEI Number

59-2373079

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip 30 Country

9. Name and Address of Current Registered Agent

FOWLER, WHITE
100 SE 2ND STREET
17TH FLOOR
MIAMI FL 33131

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE
NAME ORANE, DOUGLAS
STREET ADDRESS 64 HARBOUR ST
CITY-ST-ZIP KINGSTON, JAMAICA

TITLE D ☐ DELETE
NAME WEHBY, DONALD
STREET ADDRESS 64 HARBOUR ST
CITY-ST-ZIP KINSTON JA

TITLE P ☐ DELETE
NAME MAHFOOD, JOHN
STREET ADDRESS 64 HARBOUR ST
CITY-ST-ZIP KINGSTON JA

TITLE D ☐ DELETE
NAME RECKORD, DERRICK
STREET ADDRESS 3714 BRICHWOOD COURT
CITY-ST-ZIP NO BRUNSWICK NE

TITLE S ☐ DELETE
NAME VAN WHERVIN, ANDREW
STREET ADDRESS 64 HARBOUR ST
CITY-ST-ZIP KINGSTON JA

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Andrew Whervin SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 3/25/99 (305) 477 1998
Date Daytime Phone #

0278263

CR2E034 (11/98)