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

PROFIT CORPORATION ANNUAL REPORT



ELORIDA DEPARTMENT DE STATE

FILED

Feb 17 1997 8:00am

Secretary of State

2962

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

CITY-ST-ZIP

DOCUMENT # F9500005386 (6)

BUNGE LEASING & BROKERAGE, INC.

Principal Place of Business Mailing Address 457 E. SOUTH ST. 457 E. SOUTH ST. CALEDONIA MN 55921 **CALEDONIA MN 55821-1356** 3a. Date of Last Report 3. Date Incorporated or Qualified 02/20/1996 11/02/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 39-1832172 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country Zip Country Zip This corporation has liability for intangible tax under s. 199.032, Yes No Florida Statutes 30 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name 81 NAPLES PRINCESS, INC. 1001 10TH AVE., S. Street Address (P.O. Box Number is Not Acceptable) NAPLES FL 33940 83 84 City 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, typen or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition 1.1 TITLE PDT THE GRIFFITH, GEORGE B 1.2 NAME NAME 457 E. SOUTH ST. STREET ADDRESS 1.3 STREET ADDRESS CALEDONIA MN 55921 1.4 CITY - ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE MEYER, WILLIAM E NAME 2.2 NAME 201 MAIN ST., #700 2.3 STREET ADDRESS STREET ADDRESS LA CROSSE WI 54601 2.4 CITY - ST - ZIP CITY-S1-7/P DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIE DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADORESS 4.4 CITY-ST-ZIP CITY-ST-2IP ☐ DELETE ■ Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST - ZIP DELETE ☐ Change Addition 6.1 TITLE TITLE 6.2 NAME NAME **6.3 STREET ADDRESS** STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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.