05101999-90224-009-\$150.00-\$150.00

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Natherine marris
Secretary of State

DIVISION OF CORPORATIONS

1999

DOCUMENT # F9700000179

AGRICOLA BARRANCA S.A.

Mailing Address Principal Place of Business 170 OCEAN LANE DR., NO. 803 170 OCEAN LANE DR., NO. 803 KEY BISCAYNE FL 33149 KEY BISCAYNE FL 33149 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 01/09/1997 (FOREIGN) Applied For 4. FEI Number 2. Principal Place of Business 2a. Mailing Address APPLIED FOR Not Applicable 21 26 \$8,75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution -- -28 23 8. This corporation owes the current year intangible Country Zip Country □No ☐ Yes Personal Property Tax. 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name REYNA, RICARDO Street Address (P.O. Box Number is Not Acceptable) 170 OCEAN LANE DR., NO. 803 **KEY BISCAYNE FL 33149** 83 Zip Code 84 City 85

11. Pursuant to the provisions of Sections 607.0502 and 607.1508. Florida Statutes, the above-named corporation submits this statement for the purposa 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. Thereby 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			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	C	☐ DELETE	1.1 TITLE		[XChange	Addition
NAME	VIDAL, ALFONSO P		1.2 NAME POS	POBLETE V., ALFONSO		
STREET ADDRESS	CHOQUEHUANCA 845	!	13 STREET ADDRESS	Choequehuanca 845		
CITY-ST-ZIP	LIMA 27 - PERU		14 CITY-ST-ZIP	Lima 27. Peru		Addition
TITLE	C.	☐ DELETE	2.1 TITLE	POBLETE B., ALFONSO	X Change	Addition
NAME .	BRESCIA, ALFONSO P		22 NAME	c		- {
STREET ADDRESS	CHOQUEHUANCA 845		2.3 STREET ADDRESS	Choquehuanca 845		
CITY ST-ZIP	LIMA 27 - PERU		2.4 CITY-ST-ZIP	Lima 27, Peru		<u> </u>
TITLE	D	☐ DELETE	3.1 TITLE	POBLETE B., ROBERTO	[XChange	Addition
NAME	BRESCIA, ROBERTO P	~- -	-32 NAME	D		
STIFE ADDRESS	CHOQUEHUANCA 845		3.3 STREET ADDRESS	Choguehuanca 845		1
CITY-ST-ZIP	LIMA 27 - PERU		3.4. CITY-ST-ZIP	Lima 27, Peru	-5-0	Addition
TITLE	D	☐ DEFELE	4 1 TITLE	REYNA Q., RICARDO	X☐ Change	L Addition
NAME	QUESADA, RICARDO R		4.2 NAME	D-00		
STREET ADDRESS	170 OCEAN LANE DR. # 603		43 STREET ADDRESS	170000cean Lane Drive		-
CITY-ST-ZIP	KEY BISCAYNE FL 33149		4.4 CITY-ST-ZIP	Key Biscayne, FL 331	49	C7 Addition
TITLE		☐ DELETE	51 T/TLE		Change	Addition
NAME		ı	5.2 NAME			ļ
STREET ADDRESS			5.3 STREET ADDRESS			{
CITY-ST-ZIP			54 CITY-ST-ZIP			C-1 addison
fm.e	•	☐ DELETE	6.1 TILE		Change	☐ Addition
NAME			6.2 NAME			1
STREET ADDRESS			6.3 STREET ADDRESS			}
CITY-ST-ZIP			6.4 CITY-ST-ZIP	tin Section 119 07/3/ii). Florida Statutes, I furti	dik, that that	oformation .

4. 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. 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 truetes empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 if changled, or on an attachment with an address, with all other like empowered.

SIGNATURE:

TURE AND OFFICE

RICARDO REYNA

4/23/99

(305) 361-9688

FILED

May 10, 1999 8:00 am Secretary of State

05-10-1999 90224 009 ***150.00

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