


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

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FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90112 038 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F98000001260					
1. Corporation Name SMUCKER LATIN AMERICA, INC.					
Principal Place of Business 9900 STIRLING ROAD COOPER CITY FL 33024			Mailing Address 9900 STIRLING ROAD COOPER CITY FL 33024		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 21 1 Strawberry Lane Suite, Apt. #, etc. 22 City & State 23 Orrville, OH Zip Country 24 44667 25 US		2a. Mailing Address 26 1 Strawberry Lane Suite, Apt. #, etc. 27 City & State 28 Orrville, OH Zip Country 29 44667 30 US		3. Date Incorporated or Qualified 03/05/1998 4. FEI Number 34-1577308 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324			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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable.					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMUCKER, TIMOTHY P		1.2 NAME		
STREET ADDRESS	STRAWBERRY LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORRVILLE OH		1.4 CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMUCKER, RICHARD K		2.2 NAME		
STREET ADDRESS	STRAWBERRY LANE		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORRVILLE OH		2.4 CITY-ST-ZIP		
TITLE	V	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMUCKER, PAUL H		3.2 NAME		
STREET ADDRESS	STRAWBERRY LANE		3.3 STREET ADDRESS		
CITY-ST-ZIP	ORRVILLE OH		3.4 CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LAINE, CHARLES A		4.2 NAME		
STREET ADDRESS	STRAWBERRY LANE		4.3 STREET ADDRESS		
CITY-ST-ZIP	ORRVILLE OH		4.4 CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ELLESSOR, STEVEN J		5.2 NAME		
STREET ADDRESS	STRAWBERRY LANE		5.3 STREET ADDRESS		
CITY-ST-ZIP	ORRVILLE OH		5.4 CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	YUSCHAK, PHILIP P		6.2 NAME		
STREET ADDRESS	STRAWBERRY LANE		6.3 STREET ADDRESS		
CITY-ST-ZIP	ORRVILLE OH		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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/99

Date

(330) 684 3379

Daytime Phone #

CR2E034 (1/98)