**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # **G49945**

1. Corporation Name

CARGIL INTERNATIONAL CORP.

## May 10, 1999 8:00 am Secretary of State

05-10-1999 90147 019 \*\*\*158.75



Principal Place of Business Mailing Address						# 1818 18111 BJB   BJB   BJB   BJB	AL MENAL MANAE MINEE MI	611 <b>1</b> 1011 1091
6812 NW 77TH		6812 NW 77TH COURT	6812 NW 77TH COURT					
MIAMI FL 33166		MIAMI FL 33166		D(	DO NOT WRITE IN THIS SPACE			
							15 SPACE	· · ·
					3. Date Incorporated	or Qualifed	~	- <del></del>
2. Principal Place of Business 2a. Mailing Address					07/27/1983 4. FEI Number		T Apr	olied For
					59-2379993			Applicable
26     Suite Apt # etc.   Suite Apt #, etc.							\$8.75 A	
					5. Certifcate of Status	s Desired 🔽	Fee Rec	
22         27           City & State         City & State					6. Election Campaign	Financina	\$5.00	· -
<del></del>	=	28	¬ '			oution	Added to	
Zip	Zip	Country		8. This corporation ov			7.000	
	Country Zip Cor [25] 29 30				Personal Property			□No
24	9. Name and Address of Curren		<u>''</u>		10. Name and Addres			
	V. Teamle dire Address of Saires	i Hogistera i Ngani	81	Name				
MIR.	HECTOR J				GIRALDO LEYVA			
2655 LE JEUNE RD			82	Street /	Address (P.O. Box Number is 6950 N は ファエ	ress (P.O. Box Number is Not Acceptable) 950 N.W. 77TH COURT		
SUITE 1107			83					
CORAL GABLES FL-83134			Ľ					
			84	City	MTANT	_	85 Zip C	ode
	to the provisions of Sections 607.050	O J SOZ 1500 Florido Statutos	the shaw		MIAMI	ment for the purpose	of changing its i	1.66
office or re	egistered agent or both in/the State.	of Florida. Such change was auth-	orized by	the corpo	pration's board of directors. I h	ereby accept the app	pintment as reg	istered
agent. I ai	m familiar with, and accept the obliga	fions of, Section 607.0505, Florida	a Statutes			c//	21/95	>
SIGNATURE	$\rightarrow$	ny and title if applicable. (NOTE: Re				7//	~Y\/	
12.	Signature, types of printed name of registered ager	ID DIRECTORS	13.	nt signature n	equired when reinstating) ADDITIONS/CHANG	GES TO OFFICERS	AND DIRECTOR	RS IN 12
TITLE	TD	DELETE	1.1 TITLE		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		☐ Change	Addition
	MARTINEZ, JUAN		1.2 NAME					_
NAME	6812 N.W. 77TH COURT		1.3 STREET	T ADDDECC				]
STREET ADDRESS	MIAMI FL							
CITY-ST-ZIP TITLE	PD PD	☐ DELETÉ	1.4 CITY-S 2.1 TITLE	1-ZIF			☐ Change	Addition
	· <del>-</del>		2.2 NAME			_		
NAME	LEYVA, GIRALDO					·		
STREET ADDRESS	6812 NW 77TH COURT		2.3 STREE					
CITY-ST-ZIP	MIAMI FL		2. 4 CITY-5 3.1 TITLE	31-ZIP			Change	Addition
TITLE	VSD	Detele					c.id.igo	
NAME	LEYVA, GIRALDO J		3.2 NAME					
STREET ADDRESS	6812 N.E. 77TH COURT		3.3 STREE					
CITY-ST-ZIP	MIAMI FL	□ DELETE	3 4. CITY- 5	ST-ZIP			Change	Addition
TITLE		☐ DELETE	4.1 TITLE					
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREE	TADDRESS				
CITY-ST-ZIP			4.4 CITY-S	T-ZIP				F**3 • 4 400
TITLE		☐ DELETE	5.1 TITLE				☐ Change	Addition
NAME			5.2 NAME					
STREET ADDRESS			•	T ADDRESS				
CITY-ST-ZIP			5.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	6.1 TITLE				Change	☐ Addition
NAME		_	6.2 NAME					
STREET ADDRESS.		)	6.3 STREE	T ADDRESS	1			

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 of todate 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.

6.4 CITY-ST-ZIP

**SIGNATURE:**