SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

1996 AUG 29 AM 9:12

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # K03946 (6)

1. Corporation Name

DE GO AGRO, INC.

Principal Place of Business	Mailing Address
P.O. BOX 1793 APOPKA FL 32704	P.O. BOX 1793 APOPKA FL 32704

3. Date Incorporated or Qualified: **11/25/1987**
3a. Date of Last Report: **07/18/1995**

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: **59-2853191** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GOEY, JOHN DE
938 PARK LAKE CIR
MAITLAND FL 32751

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.) Attach resignation (if any)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	DE GOEY, NELLY		12 NAME	000001940720
STREET ADDRESS	P O BOX 1793 NA		13 STREET ADDRESS	-09/06/96--01018--002
CITY-ST-ZIP	APOPKA FL		14 CITY-ST-ZIP	****375.00 ****375.00
TITLE	VSTD	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	PASCALE, DE GOEY		22 NAME	
STREET ADDRESS	P O BOX 1793		23 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL		24 CITY-ST-ZIP	
TITLE	D	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	DE GOEY, JOHN		32 NAME	
STREET ADDRESS	P O BOX 1793		33 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL		34 CITY-ST-ZIP	
TITLE	D	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	VANDENBERG, THEODORE		42 NAME	
STREET ADDRESS	P O BOX 1793 NA		43 STREET ADDRESS	
CITY-ST-ZIP	APOPKA FL		44 CITY-ST-ZIP	
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Pascale de Goeij 6/22/96 (407) 521-8973
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

$150
8/15/96