2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2004
Secretary of State

DOCUMENT# L03000015866

Entity Name: AGROFORESTRY CENTER OF INVESTIGATIONS "MAPET", L.L.C.

Current Principal Place of Business:

2655 LE JEUNE ROAD, SUITE 700
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

2655 LE JEUNE ROAD, SUITE 700
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

PEREZ, M. MARIO
2655 LE JEUNE ROAD, SUITE 700
CORAL GABLES, FL 33134

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title:	MGRM	( ) Delete
Name:	MAPET INTERNATIONAL, FOUNDATION, IN C .	
Address:	2655 LE JEUNE ROAD, SUITE 700	
City-St-Zip:	CORAL GABLES, FL 33134	
Title:	MGRM	( ) Delete
Name:	PRODUCTORS BIOLOGICO, S DOMINICANOS, S.A.	
Address:	2655 LE JEUNE ROAD, SUITE 700	
City-St-Zip:	CORAL GABLES, FL 33134	
Title:	MGRM	( ) Delete
Name:	APONTE, RAFAEL	
Address:	2655 LE JEUNE ROAD, SUITE 700	
City-St-Zip:	CORAL GABLES, FL 33134	
Title:	MGRM	(X) Delete
Name:	MORALES, JULIO	
Address:	2655 LE JEUNE ROAD, SUITE 700	
City-St-Zip:	CORAL GABLES, FL 33134	
Title:	MGRM	(X) Delete
Name:	RADHAMES DIAZ TORRES, FERNANDO	
Address:	2655 LE JEUNE ROAD, SUITE 700	
City-St-Zip:	CORAL GABLES, FL 33134	

ADDITIONS/CHANGES:

Title:	MGRM	(X) Change ( ) Addition
Name:	PEREZ, M. MARIO	
Address:	2655 LE JEUNE ROAD, SUITE 700	
City-St-Zip:	CORAL GABLES, FL 33134	
Title:	MGRM	(X) Change ( ) Addition
Name:	PEREZ GARCIA, MARIO	
Address:	2655 LE JEUNE ROAD, SUITE 700	
City-St-Zip:	CORAL GABLES, FL 33134	
Title:	MGRM	(X) Change ( ) Addition
Name:	PEREZ, MARCOS A	
Address:	2655 LE JEUNE ROAD, SUITE 700	
City-St-Zip:	CORAL GABLES, FL 33134	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: M. MARIO PEREZ MGRM 04/27/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date