SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 6/7/96: $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

DOCUMENT # L89345 (7)

1. Corporation Name

AGREX FK, INC.

Principal Place of Business	Mailing Address
8318 NW 56TH ST. MIAMI FL 33166	8318 NW 56TH ST. MIAMI FL 33166

3. Date Incorporated or Qualified: 07/23/1990
3a. Date of Last Report: 08/29/1995

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: 65-0210006 ☐ 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

KUHN, ROBERTO
9915-2 NW 9TH ST CIR
MIAMI FL 33172

10. Name and Address of New Registered Agent

81 Name: KUHN, ROBERTO
82 Street Address (P.O. Box Number is Not Acceptable): 5970 SW 83 ST
83
84 City: SOUTH MIAMI, FL 85 Zip Code: 33143

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 when reinstating) DATE

12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	KUHN, FEDERICO		1.2 NAME	KUHN, FEDERICO	
STREET ADDRESS	9915-2 NW 9TH ST CIR		1.3 STREET ADDRESS	5970 SW 83 ST	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	SOUTH MIAMI, FL. 33143	
TITLE	V	☐ DELETE	2.1 TITLE	V	☒ Change ☐ Addition
NAME	KUHN, EDUARDO		2.2 NAME	KUHN, EDUARDO	
STREET ADDRESS	9915-2 NW 9TH ST CIR		2.3 STREET ADDRESS	5970 SW 83 ST	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	SOUTH MIAMI, FL. 33143	
TITLE	TS	☐ DELETE	3.1 TITLE	TS	☒ Change ☐ Addition
NAME	KUHN, ROBERTO		3.2 NAME	KUHN, ROBERTO	
STREET ADDRESS	9915-2 NW 9TH ST CIR		3.3 STREET ADDRESS	5970 SW 83 ST	
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	SOUTH MIAMI, FL. 33143	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 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)(k), 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: [signature] EDUARDO KUHN 7-25-96 (305) 598 5078
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #