

Amended #61.25

PROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

96 OCT 24 PM 2:07

DOCUMENT # M06903

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AGROWCONSULT, INC.

Principal Place of Business
8312 NW 14th STREET
MIAMI, FL 33126

Mailing Address
PO Box 52-6123
MIAMI, FL 33152-6123

3. Date Incorporated or Qualified 10/24/1984	3a. Date of Last Report 3/4/96
4. FEI Number 59-2457736	Applied For <input type="checkbox"/> 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 has liability for intangible tax under s. 199.032 Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 8312 NW 14 ST. Suite, Apt. #, etc. 22 City & State 23 MIAMI, FL Zip 24 33126	2a. Mailing Address 26 PO Box 52-6123 Suite, Apt. #, etc. 27 City & State 28 MIAMI, FL Zip 29 33152-6123	Country 25 USA Country 30
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9. Name and Address of Current Registered Agent NOVITSKI, JOSEPH W.D. 5891 SW 81 Street MIAMI, FL 33143	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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 NAME STREET ADDRESS CITY-ST-ZIP	DP NOVITSKI, JOSEPH W.D. 5891 SW 81 STREET MIAMI, FL 33143	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	P/T/D NOVITSKI, JOSEPH W.D. 5891 SW 81 STREET MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S NOVITSKI, PAULA C 5891 SW 81 STREET MIAMI, FL 33143	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	V/S/D NOVITSKI, PAULA C 5891 SW 81 STREET MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARTIN, RANDALL 11311 SW 160th Court MIAMI, FL 33196	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

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 199.07(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (3/96)