FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCU 1. Corporation	MENT # M225	570	(9)							
BETH	ea agriculture-aqua(CULTUR	E, INC.							
		7771 Michigan								
Principal Place of Business Mailing Address							**************************************		U DIBU DIBU DA	SERE BYEN BY BY IN 18 E.
C/O JOHN R. BETHEA 1141 S.W. 99TH COURT MIAMI FL 33174-2820			C/O JOHN R. BETHEA 1141 S.W. 99TH COURT MIAMI FL 33174-2820				Date Incorporated or Qualified			
2. Principal Pl	ace of Business		R4oCoo Auto				10/28/1985	<u></u>	05/01/1	1995
21	add o'r Ddairleas	26	. Mailing Address				4. FEI Number			Applied For
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				59-2594650			Not Applicable
22		27					5. Certificate of Status Desired	M	•	75 Additional e Required
City & State			City & State				6. Election Campaign Financing			00 May Be
23		28					Trust Fund Contribution			ded to Fees
Zip	Country		Zip	Count	ry		8. This corporation has liability for			s 199.032,
24	25 9. Name and Address of Curr	29	tored Asset	[30]				_ □ No		
	S. Hamb Bit Addless of Coll	on negis	tereu Agent		1	Name	10. Name and Address of New F	tegister	ed Agent	
DETUC	י ארואי א				1					
BETHEA, JOHN R. 1141 S.W. 99TH COURT				8	2	Street Addre	ess (P.O. Box Number is Not Acceptab	ole)		
	FL 33174.			8	3					
IAITA'IAIF E	L 331/4·									
				8	4	City		F	85 2	Zip Code
11. Pursuant t	o the provisions of Sections 607.05	02 and 60	7.1508, Florida Statut	tes, the above	l_	amed corpora	ation submits this statement for the nu	mose of	changing its	registered office
or registeri familiar wit	ed agent, or both, in the State of Fic th, and accept the obligations of, Se	orida. Such etion 607.	i change was authori: 0505, Florida Statute:	zed by the cor s.	bo	oration's board	ation submits this statement for the pure d of directors. I hereby accept the app	ointment	as registere	od agent. I am
SIGNATURE	Signature, typed or printed name of registered ag-									
12.	OFFICERS A			OTE Registered Ag	ert	berimper protengia		DATE		(CDO 111.10
TITLE	DP		DELETE		1. 1 TITLE		ADDITIONS/CHANGES TO OFF	IUERS F	Change	
NAME.	BETHEA, JOHN R.			1.2 NAM6					onengs	
STREET ADDRESS	1141 S.W. 99 COURT			1.3 STRE		ADDRESS				
CITY-ST-ZIP	MIAML FL			1.4 CITY	ST	- ZIP				
TITLE			DELETE	2. 1 THE					Change	Addition
NAME				2.2 NAME						
STREET ADDRESS				2 3 STRE	ETA	DDRESS				
CITY-ST-ZIP				2.4 CITY-	\$1-	- ZiP				
TITLE			DELETE	3. 1 THTLE					Change	Addition
NAME				3 2 NAME		ļ				
STREET ADDRESS				aa stre		i				
CITY-ST-ZIP TITLE			DELETE	3 4 CITY-		- ZIP				
NAME				4 1 TITLE					☐ Change	Addition
STREET ADDRESS				4.2 NAME						
CITY-ST-ZIP				4 3 STREE						
TITLE			DELETE	4.4 CITY- 5. 1 TITLE		-ZIP			Change	- Addition
NAME				5.2 NAME					Change	Addition Addition
STREET ADDRESS				5.3 STREE		DDRESS				
CiTY-ST-ZIP				5.4 CITY -						
TITLE			DELF1E	6. 1 TITLE					☐ Change	Addition
NAME				6.2 NAME						
STREET ADDRESS				6 3 STREE		DORESS				
CITY - ST - ZIP				6 4 CITY-						

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 coath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if phanoid, or on an attachment with the properties.

BETHEA

SIGNATURE:

PRESIDENT