File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FLORIDA DEPARTMENT OF STATE FILED LIMITED LIABILITY COMPANY SECRETARY OF STATE DIVISION OF CORPORATIONS Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS 98 MAR 16 PM 1:39 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE \$ 188.75 Name and Mailing Address
I Limited Liability Company **DOCUMENT #** M9600000103 1a. Principal Place of Business Address AGRIFOS L.L.C. 667 MADISON AVENUE ROUTE 676 (NICHOLS ROAD) NEW YORK NY 10021 NICHOLS FL 33863 2. Principal Place of Business 2a. Mailing Address 3. Date Organized or Qualified | 3a. State of Formation 03/26/1996 DE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 13-3874347 Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Country 58.75 Additional Fee Required 11/17/1997 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Name T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Sulte, Apt. #, etc. City Zip Code 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations DATE SIGNATURE \_ (Registered Agent Accepting Appointment) (NOTE Registered Agent signature required when reinstating) Managing Members/Managers **Business Street Address** City, State and Zip Code 10. Tille VAN AMERONGEN, LEWIS W 500 MADISON AVENUE MGR NEW YORK NY MGR CHAOUNI, FAROUK 600 MADISON AVE. NEW YORK NY MGR SIVAN, ELI SOKOLOV-STREET HERZLIA 46497, ISRAE MGR VGENOPOULOS, ANDREAS 225-227 KIFISSIAS AVENUE 145 61 ATHENS, GREEC 100002461431---4 -03/19/98---01004--001 \*\*\*\*188.75 \*\*\*\*188.75 11. I do hereby certify that the information supplied with this filing 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 is true and accurate and that my 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; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

SIGNATURE: