FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998 POCUMENT

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

SOCIETY OF INTER-AMERICAN SUGAR CANE SEMINARS, I

N11393

| | NC. | TETT WILLIAM | 00 G/ II 1 | Of the Obline | | | | | | | | | |
|---|--------------------------------|-------------------------|------------|--|--------------|--|---|--|--|--|--|--|--|
| Principal Place of Business | | | | Mailing Address | | | | - I TORNING HAL HODEN LINGS (TING FELING LINI) EINTL BYDIN GLUNN BYDIN B | | | | | |
| 3890 N.W. 62 ST. % Diego R Suarez Miam Fl 33147 | | | | 3690 N.W. 62 ST. % DIEGO R SUAREZ MIAMI FL 33147 | | | | 3. Date Incorporated or Qualified 10/02/1985 | | | | | |
| | | | | | | | | 4. FEI Number Applied For Not Applied by Not Applied For Not A | | | | | |
| 21 | 2. Principal Place of Business | | | 2a. Mailing Address 26 | | | | 5. Certificate of Status Desired X \$8.75 Additional Fee Required | | | | | |
| 22 | Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | 6. Election Campaign Financing Trust Fund Contribution Added to Fees | | | | | |
| 23 | City & State | | | City & State | | | | 7. Is this nonprofit corporation a homeowners association? | | | | | |
| 24 | Zip | Country Zip Co | | ountry | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No | | | | | | | |
| | 9. Name | and Address of Cur | rent Regis | tered Agent | | 10. Name and Address of New Registered Agent | | | | | | | |
| | | | | | | | Name | | | | | | |
| SUAREZ, DIEGO R. 3690 N.W. 62 ST. | | | | | | 82 | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| MIAMI FL 33147 | | | | | | | | | | | | | |
| | | | | | | 84 | | FL 85 Zip Code | | | | | |
| 11 | · Pursuant to the provis | sions of Sections 617.0 | 502 and 6 | 17.1508, Florida Sta | tutes, the s | above | -named corp | oration submits this statement for the purpose of changing its registered | | | | | |

| office or registered agont, 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 617.0503, Florida Statutes. | | | | | | | | | | | | |
|---|--|-----------|------------------------------|-------------|---------------------------------------|------------|------------|--|--|--|--|--|
| SIGNATURE | | | | | | | | | | | | |
| DIGITATIONE, | Signature, typed or printed name of registered agent and title if applicable | (NOTE: Re | egislered Agent signature re | | DATE | | | | | | | |
| 12. | | | | ADDITIONS/C | HANGES TO OFFICERS AN | D DIRECTOR | IS IN 12 | | | | | |
| TITLE | PD DE | LETE | 1.1 TITLE | | · · · · · · · · · · · · · · · · · · · | Change | ☐ Addition | | | | | |
| NAME | Suarez, Diego R. | | 1.2 NAME | | | | | | | | | |
| STREET ADDRESS | 3690 N.W. 62 ST. | | 1.3 STREET ADDRESS | | | | | | | | | |
| CITY-ST-ZIP | MIAMI FL | | 1.4 CITY-ST-ZIP | | | | | | | | | |
| TITLE | D DE | LETE | 2.1 TITLE | | | Change | Addition | | | | | |
| NAME | ACUNA, HERA E | | 2.2 NAME | | | | | | | | | |
| STREET ADDRESS | 533 EAST 18 ST. | | 2.3 STREET ADDRESS | | | | | | | | | |
| CITY-ST-ZIP | HILEAH FL | | 2. 4 CITY - ST - ZIP | | | | | | | | | |
| TITLE | D | LETE | 3.1 TITLE | | | Change | Addition | | | | | |
| NAME | SUAREŽ, HECTOR J. | | 3.2 NAME | | | | | | | | | |
| STREET ADDRESS | 3401 S.W. 128 AVE. | | 3.3 STREET ADDRESS | | | | ı | | | | | |
| CITY-ST-ZIP | MIAMI FL | | 3.4. CITY - ST - ZIP | | | | | | | | | |
| TITLE | D£ | LETE | 4.1 TITLE | | | Change | Addition | | | | | |
| NAME | | | 4. 2 NAME | | | | | | | | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | | | | | | | | |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP | | | | | | | | | |
| TITLE | □ D£ | LETE | 5.1 TITLE | | | Change | Addition | | | | | |
| NAME | | | 5.2 NAME | | | | | | | | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | | | | | | | | |
| CITY-ST-ZIP | | | 5.4 CITY-ST-2IP | | | | | | | | | |
| TIFLE | □ D€ | LETE | 6.1 TITLE | | | Change | Addition | | | | | |
| NAME | | | 6.2 NAME | | | | | | | | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | | | | | | | | |

14. I 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 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 of the receiver or truster 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 oddress.

SIGNATURE:

01-21-98

305-633-0351

FILED

Feb 16 1998 8:00am

Secretary of State