

4-5-95 8-3034-XC
FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -5 PM 3: 58

DOCUMENT # N32908 (8)

1. Corporation Name

INTERAMERICAN SOCIETY FOR TROPICAL HORTICULTURE,
INC.

Principal Place of Business

18905 SW 280TH ST
HOMESTEAD FL 33031

Mailing Address

18905 SW 280TH ST
HOMESTEAD FL 33031

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/20/1989

3a. Date of Last Report

03/31/1994

4. FEI Number

65-0127202

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CAMPBELL, CARL W., DR.
18905 SW 280TH ST
HOMESTEAD FL 33031

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Carl W. Campbell

(NOTE: Registered Agent signature required when reappointing)

March 30, 1995

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
DSY	CAMPBELL, CARL W., (DR)	18905 SW 280TH ST HOMESTEAD FL	
P	ALCAZAR, JORGE R DR.	CENTRO DE FRUTICULTURA COL DE POSTGRADUADO CHAPINGO EDO ME	
V	BECCERRIL, A. E DR.	CENTRO DE FRUTICULTURA COL DE POSTGRADUADO CHAPINGO EDO ME	
D	CAMPBELL, RICHARD, DR	11835 OLD CUTLER RD MIAMI FL	
D	CRANE, JONATHAN	18905 SW 280TH STREET HOMESTEAD FL	
D	RAFEAL, MARTE D	11CA APARTADO 552200 CORONADO CO	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
				☐	☐
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP	☐	☐
				☐	☐
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP	☒	☐
				☐	☐
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP	☐	☐
				☐	☐
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 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 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) on an attachment with an address.

SIGNATURE:

Carl W. Campbell

Dr. Carl W. Campbell

March 30, 95 305-242-3977

(Signature and typed or printed name of signing officer or director)

(Date)

(Telephone Number)