

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**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



3. Date Incorporated or Qualified

06/20/1989

3a. Date of Last Report

04/05/1995

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**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes ☒ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

*Carl W. Campbell, Secretary-Treasurer*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE

DST  
CAMPBELL, CARL W., (DR)  
18905 SW 280TH ST  
HOMESTEAD FL

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☒ DELETE

P  
CALDERON, GONZALO  
APARTADO AEREO 3883  
BARRANQUILLA CO

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☒ DELETE

V  
SANCHEZ, JAIRO  
APARTADO AEREO 731  
SANTA MARTA CO

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE

D  
CAMPBELL, RICHARD, DR  
11935 OLD CUTLER RD  
MIAMI FL

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☐ DELETE

D  
CRANE, JONATHAN  
18905 SW 280TH STREET  
HOMESTEAD FL

TITLE NAME STREET ADDRESS CITY - ST - ZIP ☒ DELETE

D  
RAFEAL, MARTE D  
11CA APARTADO 552200  
CORONADO CO

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☒ Change ☐ Addition

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, or on an attachment with an address.

SIGNATURE:

*Carl W. Campbell*

CARL W. CAMPBELL

April 2, 1996 305-247-3597

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E037 (12/95)