SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996 AMOUNT DUE ON DR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.) FLORIDA DEPARTMENT OF STATE NONBROFIT CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State FILED DIVISION OF CORPORATIONS 1996 96 SEP -4 PH 2: 01 N95000001363 (9) **DOCUMENT #** SECRETARY OF STATE CARIBBEAN AGRICULTURAL RESEARCH INSTITUTE, INC. Mailing Address Principal Place of Business 701 BRICKELL AVE. 701 BRICKELL AVE. **SUITE 1900 SUITE 1900** MIAMI FL 33131 MIAMI FL 33131 3a. Date of Last Report 3. Date Incorporated or Qualified 03/21/1995 Applied For FEI Number Address Principal Place of Business Not Applicable S'i Bairshore Un 26 \$8,75 Additional 5. Certificate of Status Desired Fee Required \$5.00 May Be City 6. Election Campaign Financing City & Added to Fees Trust Fund Contribution 28 8. This corporation has liability for intangible tax under s. 199.032. Country Yes Florida Statutes 30 29 25 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Address (P.O. Box Number is Not Acceptable) **GUTIERREZ, NICOLAS J JR** R2 701 BRICKELL AVE. **SUITE 1900** 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, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed of brinted name of registering agent and life if applicable (NOTE: Registered Agent signature required when reinstating) Change Addition DISIT DELETE 1.1 TITLE TITLE 1.2 NAME ROBBINS, JODEAN NAME 1001 S. Baysihore Dr., Ste. 1904 % 701 BRIKCELL AVE. SUITE 1900 1.3 STREET ADDRESS STREET ADORESS **MIAMI FL 33131** 1.4 City - ST-ZiP CITY-ST-ZIP Change Addition DELETE 2.1 TITLE D TITLE 2.2 NAME LEISECA, SERGIO A NAME % 701 BRIKCELL AVE. SUITE 1900 2.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33131** 2 4 CITY - ST - ZIP CITY - ST - ZIP Addition Change DELETE 3.1 TITLE TITLE GUTIERREZ, NICOLAS J JR 3.2 NAME NAME 26015 BAYSHORE DR. STE160 % 701 BRIKCELL AVE. SUITE 1900 3 3 STREET ADDRESS STREET ADORESS MIAMI FL 33131 34. CITY-ST-ZIF CITY - ST - ZIP Change DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS 300001946903 STREET ADDRESS -03/13/36 - 01001. *****122.50 - ******61.25 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 6 1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS 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 quality 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 segment is Block 13 or Block 14 or Block 13 or Bloc

that my name appears in Block 12 or Block 13 if changed,

SIGNATURE

Medica Tibutionez N. Exp. Pres Dir. 4 0000303