

FILE NOW: FILING FEE IS \$61.25-

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 MAY 16 PM 3:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N95000001363 (9)

1. Corporation Name

CARIBBEAN AGRICULTURAL RESEARCH INSTITUTE, INC.



Principal Place of Business

Mailing Address

~~2601 S. BAYSHORE DRIVE
SUITE 1600
MIAMI FL 33133~~

~~2601 S. BAYSHORE DRIVE
SUITE 1600
MIAMI FL 33133-5410~~

3. Date Incorporated or Qualified
03/21/1995

3a. Date of Last Report
09/04/1996

2. Principal Place of Business

2a. Mailing Address

21 701 Brickell Ave.
Suite, Apt. #, etc. Ste. 2150

26 701 Brickell Ave.
Suite, Apt. #, etc. Ste. 2150

22 City & State Miami, FL

27 City & State Miami, FL

23 Zip 33131 Country USA

28 Zip 33131 Country USA

24

29 30

4. FEI Number
65-0566285

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GUTIERREZ, NICOLAS J JR
2601 S. BAYSHORE DRIVE
SUITE 1600
MIAMI FL 33133

81 Name Gutierrez Jr, Esq. Nicolas J.
82 Street Address P.O. Box Number is Not Acceptable
701 Brickell Ave.
83 Ste. 2150
84 City Miami, FL 85 Zip 33131

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: *Nicolas J. Gutierrez Jr, Esq.* (NOTE: Registered Agent signature required when reinstating) DATE: 4/16/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DST
NAME ROBBINS, JODEAN
STREET ADDRESS 1001 S. BAYSHORE DRIVE, SUITE 1904
CITY-ST-ZIP MIAMI FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DV
NAME SOTOMAYOR, MAYDA
STREET ADDRESS 8121 SW 89TH AVENUE
CITY-ST-ZIP MIAMI FL 33173

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE DP
NAME GUTIERREZ, NICOLAS J JR
STREET ADDRESS ~~2601 S. BAYSHORE DRIVE, SUITE 1600~~
CITY-ST-ZIP ~~MIAMI FL 33133~~

3.1 TITLE
3.2 NAME Gutierrez Jr, Esq. Nicolas J.
3.3 STREET ADDRESS 701 Brickell Ave. Ste. 2150
3.4 CITY-ST-ZIP Miami, FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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 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 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: *Nicolas J. Gutierrez Jr, Esq.* (35) 875-0330
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE: 4/16/97 0026776

CR2E037 (9/96)