

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 14 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # N96000006549 (7)
1. Corporation Name
FLORIDA FARMERS & SUPPLIERS COALITION, INC.



| | |
|--|---|
| Principal Place of Business 1451 WEST CYPRESS CREEK ROAD, SUITE 100 FORT LAUDERDALE FL 33309 | Mailing Address 1451 WEST CYPRESS CREEK ROAD, SUITE 100 FORT LAUDERDALE FL 33309-1953 |
|--|---|

| | |
|--|--|
| 3. Date Incorporated or Qualified 12/26/1996 | 3a. Date of Last Report 1st. |
| 4. FEI Number 65-0714546 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|--------------------------------|------------------------|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. |
| 22 City & State | 27 City & State |
| 23 Zip Country | 28 Zip Country |
| 24 | 25 |
| 29 | 30 |

9. Name and Address of Current Registered Agent

**AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|--|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | SMIGEL, GARY | |
| STREET ADDRESS | 1451 WEST CYPRESS CREEK ROAD, SUITE 100 | |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33309 | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | DIMARE, PAUL J | |
| STREET ADDRESS | 1451 WEST CYPRESS CREEK ROAD, SUITE 100 | |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33309 | |
| TITLE | S | <input type="checkbox"/> DELETE |
| NAME | RODRIGUEZ, J. LUIS | |
| STREET ADDRESS | 1451 WEST CYPRESS CREEK ROAD, SUITE 100 | |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33309 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | NEILL, DAVID | |
| STREET ADDRESS | 1451 WEST CYPRESS CREEK ROAD, SUITE 100 | |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33309 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | TAYLOR, JAY | |
| STREET ADDRESS | 1451 WEST CYPRESS CREEK ROAD, SUITE 100 | |
| CITY-ST-ZIP | FORT LAUDERDALE FL 33309 | |
| TITLE | Esformes Joseph | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|-------------------------------|--|
| 1.1 TITLE | VP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | | |
| 1.3 STREET ADDRESS | | |
| 1.4 CITY-ST-ZIP | | |
| 2.1 TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | |
| 3.3 STREET ADDRESS | | |
| 3.4 CITY-ST-ZIP | | |
| 4.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | | |
| 4.3 STREET ADDRESS | | |
| 4.4 CITY-ST-ZIP | | |
| 5.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY-ST-ZIP | | |
| 6.1 TITLE | Director | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 6.2 NAME | Esformes Joseph | |
| 6.3 STREET ADDRESS | 503 - 10th Street West | |
| 6.4 CITY-ST-ZIP | Palmetto, FL 34221 | |

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.

3/16/97 054 772 1774

CR2E037 (9/96)