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Mar 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000005813 (7)**

1. Corporation Name

AGRINATUS, INC.

Principal Place of Business

Mailing Address

**ONE BISCAYNE TOWER
2 SOUTH BISCAYNE BOULEVARD SUITE 2975
MIAMI FL 33131**

**ONE BISCAYNE TOWER
2 SOUTH BISCAYNE BOULEVARD SUITE 2975
MIAMI FL 33131**

3. Date Incorporated or Qualified

10/15/1997

4. FEI Number

65-0792275

Applied For

Not Applicable

2. Principal Place of Business

21 13438 SW 131st Street

Suite, Apt. #, etc.

22 City & State

23 Miami, Florida

24 Zip

25 Country

33186

USA

2a. Mailing Address

26 13434 SW 131st Street

Suite, Apt. #, etc.

27 City & State

28 Miami, Florida

29 Zip

30 Country

33186

USA

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GORDON, HOWARD W
201 ALHAMBRA CIRCLE
SUITE 1200
CORAL GABLES FL 33134**

81 Name

John M. MacDaniel, Esq.

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

One Biscayne Tower, Two South Biscayne Blvd.

83

Suite 2975

84 City

Miami,

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-13-98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DPT** ☐ DELETE
NAME **VERA, REINALDO R**
STREET ADDRESS **13438 S.W. 131 STREET**
CITY-ST-ZIP **MIAMI FL 33186**

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

TITLE **DV** ☐ DELETE
NAME **GLUCK, JACOB**
STREET ADDRESS **825 S.W. 8 AVENUE**
CITY-ST-ZIP **MIAMI FL 33130**

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

TITLE **DS** ☐ DELETE
NAME **VERA, MARCELO**
STREET ADDRESS **13438 S.W. 131 STREET**
CITY-ST-ZIP **MIAMI FL 33186**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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: **Reinaldo Viera**

Reinaldo Viera

3-13-98

CR2E037 (10/97)