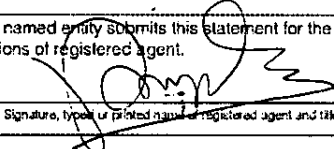
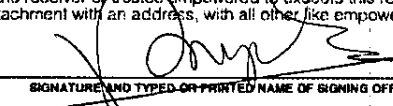


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90359 047 ***150.00

DOCUMENT # P02000091800 1. Entity Name BIONOVA, CORP.					
Principal Place of Business 1607 TWO DATRAN CENTER 9130 SOUTH DADELAND BLVD. MIAMI, FL 33156-7851			Mailing Address 1607 TWO DATRAN CENTER 9130 SOUTH DADELAND BLVD. MIAMI, FL 33156-7851		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 51-0423575	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CEPEDA, N. VIOLETA 1607 TWO DATRAN CENTER 9130 SOUTH DADELAND BLVD. MIAMI, FL 33156-7851				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)				DATE 04-20-04	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	CEPEDA H., JORGE E		NAME		
STREET ADDRESS	9130 SOUTH DADELAND BLVD., STE. 1607		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 331567851		CITY-ST-ZIP		
TITLE	D ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	CEPEDA, N. VIOLETA		NAME		
STREET ADDRESS	9130 SOUTH DADELAND BLVD., STE. 1607		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 331567851		CITY-ST-ZIP		
TITLE	D ☐ Delete		TITLE	☐ Change ☐ Addition	
NAME	CEPEDA R., JORGE E		NAME		
STREET ADDRESS	9130 SOUTH DADELAND BLVD., STE. 1607		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 331567851		CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	☐ Delete		TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			DATE 04-20-04 Date		
			Daytime Phone #		