

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 06 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P26285 (7)
1. Corporation Name
SEABOARD EXPORT CORPORATION OF DELAWARE



Principal Place of Business
1500 PORT BLVD.
DODGE ISLAND
MIAMI FL 33132

Mailing Address
1500 PORT BLVD.
DODGE ISLAND
MIAMI FL 33132

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 SAME
Suite, Apt. #, etc.
22
City & State
23
Zip
Country
24

2a. Mailing Address
26 SAME
Suite, Apt. #, etc.
27
City & State
28
Zip
Country
29

3. Date Incorporated or Qualified
10/03/1989

4. FEI Number
43-6065475
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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CT CORPORATION
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	
NAME	RODRIGUES, J. E	1.2 NAME	
STREET ADDRESS	9000 W. 67TH ST.	1.3 STREET ADDRESS	
CITY - ST - ZIP	SHAWNEE MISSION KS	1.4 CITY - ST - ZIP	
TITLE	T	2.1 TITLE	
NAME	BRESKY, HARRY H	2.2 NAME	
STREET ADDRESS	9000 W. 67TH STREET	2.3 STREET ADDRESS	200 Boylston St.
CITY - ST - ZIP	SHAWNEE MISSION KS	2.4 CITY - ST - ZIP	CHESTNUT HILL MASS.
TITLE	EV	3.1 TITLE	
NAME	ROMERO, RAUL	3.2 NAME	
STREET ADDRESS	7520 N.W. 50TH COURT	3.3 STREET ADDRESS	02167
CITY - ST - ZIP	CORAL SPRINGS FL	3.4 CITY - ST - ZIP	
TITLE	AS	4.1 TITLE	
NAME	BECKER, DAVID	4.2 NAME	
STREET ADDRESS	9000W. 67TH STREET	4.3 STREET ADDRESS	
CITY - ST - ZIP	SHAWNEE MISSION KS	4.4 CITY - ST - ZIP	
TITLE	VP	5.1 TITLE	
NAME	STEER, ROBERT	5.2 NAME	
STREET ADDRESS	9000W 67TH ST	5.3 STREET ADDRESS	
CITY - ST - ZIP	SHAWNEE MISSION KS	5.4 CITY - ST - ZIP	
TITLE	S	6.1 TITLE	
NAME	TUTUN, MARSHALL L	6.2 NAME	
STREET ADDRESS	ONE POST OFFICE SQUARE	6.3 STREET ADDRESS	
CITY - ST - ZIP	BOSTON MA	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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

V [Signature] Raul Romero

4/23/98 (205) 530-4700

CR2E034 (10/97)