FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000035112 (0)**

1. Corporation Name
AG AGRICULTURE, INC.

Principal Place of Business
2601 SOUTH BAYSHORE DR.
9TH FLOOR
MIAMI FL 33133-5461

Mailing Address
2601 SOUTH BAYSHORE DR.
9TH FLOOR
MIAMI FL 33133-5461

3. Date Incorporated or Qualified: **05/14/1993**
3a. Date of Last Report: **04/28/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: **65-0421709** 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
LANGLEY, MARCIA H
2601 SOUTH BAYSHORE DR.
9TH FLOOR
MIAMI FL 33133-5461

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 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, Title of Individual Who Signed) (Date Registered Agent signature is required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	JEFFREY, THOMAS W	
STREET ADDRESS	2601 S. BAYSHORE DR., 9TH FLOOR	
CITY-ST-ZIP	MIAMI FL 33133-5461	
TITLE	VAS	☑ DELETE
NAME	GONZALEZ, JULIO J	
STREET ADDRESS	2601 S BAYSHORE DR	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	VTD	☐ DELETE
NAME	FISCHER, JOHN H	
STREET ADDRESS	2601 S. BAYSHORE DR., 9TH FLOOR	
CITY-ST-ZIP	MIAMI FL 33133-5461	
TITLE	DVS	☐ DELETE
NAME	LANGLEY, MARCIA H	
STREET ADDRESS	2601 S BAYSHORE DR	
CITY-ST-ZIP	MIAMI FL 33133	
TITLE	V	☐ DELETE
NAME	CAIN, RALPH C III	
STREET ADDRESS	2601 S. BAYSHORE DR., 9TH FLOOR	
CITY-ST-ZIP	MIAMI FL 33133-5461	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	☐ Change ☑ Addition
1.2 NAME	Carleton, Callis N.	
1.3 STREET ADDRESS	2601 S Bayshore Drive	
1.4 CITY-ST-ZIP	Miami, Florida 33133-5461	
2.1 TITLE	VAS	☐ Change ☑ Addition
2.2 NAME	Goldman, Joel K	
2.3 STREET ADDRESS	2601 S. Bayshore Dr.	
2.4 CITY-ST-ZIP	Miami, Fla 33133	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME	700001797997	
4.3 STREET ADDRESS	-04/29/96--01024--014	
4.4 CITY-ST-ZIP	***200.00	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

4-29-96 JR

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 on an attachment with an address.

SIGNATURE: Joel K. Goldman — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date: 4-12-96 — Daytime Phone #: 305-859-4071

Joel Goldman

CR2E034 (12/95)

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