## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997

FLORIDA DEPARTMENT OF STATE

**FILED** 

Sep 18 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9300082863 (0)  AGRI-LINK INTERNATIONAL, INC.					## ###################################
Principal Plac	e of Business	Mailing Address			II. BOADI 40440 (1804 IDIAO 01180 2111 1004
5433 NW 72ND AVE Miami FL 33168 US		5433 NW 72ND AVE Miami FL 33168 US		DO NOT WRITE  3. Date incorporated or Qualified	IN THIS SPACE
				1	09/27/1996
2. Principal P	Place of Business	2a. Mailing Address		12/03/1993 4. FEI Number	Applied For
21		26		-65-0452408	Not Applicable
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
		27			Fee Required
City & State		City & State		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has pai	
24	26		30	Personal Property Tax due June	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
MO	OUTTET, NICHOLAS		81 Name		
15627 S.W. 97TH TERRACE			82 Street Addr	ess (P.O. Box Number is Not Acceptab	le)
MIAMI FL 33196			83		
			03		
			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 of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating)  DATE					
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 TITLE		Change Addition
NAME	MOUTTET, NICHOLAS		1.2 NAME		
STREET ADDRESS	15627 S.W. 97TH TERRACE		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33196	T prette	1,4 CITY - ST - ZIP		Channe L Addition
TITLE		DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME 2.3 STREET ADDRESS		
STREET ADDRESS					• •
CITY-ST-ZIP TITLE		DELETE	2. 4 CHY-ST-ZIP 3.1 TITLE		Change Addition
NAME		<del>-</del> -	3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Acdition
NAME			4, 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DETE1E	5.1 117LE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	5.4 CITY-ST-ZIP		Change Addition
TITLE	₹ ş	C) biritic	6.1 TITLE		Change Addition
NAME CTREET ADDRESS			6.2 NAME		İ
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	by partify that the information supplies	d with this files does not qualify	6.4 CITY-ST-ZIP	in Section 119 07/3Vi) Florida Statutes	Lituribus continuitos

Information indicated on this annual report or supplied with this initing does not quality 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 on an attachment with an address.