

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 13 AM 11:41

DOCUMENT # P94000031500 (9)

1. Corporation Name

AGRI-SYSTEMS INTERNATIONAL, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**9703 S. DIXIE HWY., SUITE 2-B
MIAMI FL 33156**

Mailing Address

**9703 S. DIXIE HWY., SUITE 2-B
MIAMI FL 33156**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified

04/22/1994

3a. Date of Last Report

4. FEI Number
65-0485899

Applied For

Not Applicable

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. ZIP

24. Country

2a. Mailing Address

26. **9703 S. Dixie Highway**

27. Suite, Apt. #, etc.

28. **Suite 3-0**

29. City & State

30. **Miami, FL 33156**

31. ZIP

32. Country

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

**AGUILA, ADOLFO Z ESQ.
6780 CORAL WAY
SUITE 200
MIAMI FL 33155**

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

12. OFFICERS AND DIRECTORS

1. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

**PSID
DE ALCAZAR, GLADYS G
14500 S.W. 88TH AVENUE
MIAMI FL 33176**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

2. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

1. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

**del Alcazar, Gladys G.
7501 S.W. 175th Street
Miami, FL 33157**

3. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

2. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ Change ☐ Addition

4. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

3. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ Change ☐ Addition

5. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

4. TITLE
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STREET ADDRESS
CITY, ST, ZIP

☐ Change ☐ Addition

6. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

5. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ Change ☐ Addition

7. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

6. TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(4)(b), Florida Statutes. I further certify that the information included 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 make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE:

Gladys G. del Alcazar
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Gladys G. del Alcazar

April 10, 1995 251-7522