PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000031500

1. Corporation Name

AGRI-SYSTEMS INTERNATIONAL, INC.

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Principal Place	e of Business	Mailing Address		T (40)(40) (to takin akan anti anti anti anti anti anti takin timo timo atti	. 88161 4811 1881
9703 S. DIXIE HWY., SUITE 2-B 9703 S DIXIE HIGHWAY					
MIAMI FL 33156 SUITE 3-G				DO NOT WRITE IN THIS SPACE	
		MIAMI FL 33156 US		3. Date Incorporated or Qualifed	
		*	- <u></u>	04/22/1994	
2. Principal P	lace of Business	2a. Mailing Address			pplied For
21 9655	S. Dixie Highway	26 9655 S. Dixie	Highway	65-0485899 N	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		E Cortifonto of Status Desired '	Additional
22 301		27 301		5. Certificate of Status Desired Fee Ri	equired
City & Stat	6	City & State ~	-		· May Be
23 Miam		28 Miami, FL			to Fees
ر Zip ⊐ عور ت	Country.	Zip	Country	8. This corporation owes the current year Intangible Personal Property Tax.	□No
24 3315		29 31.56 30	USA	Personal Property Tax. tri Yes 10. Name and Address of New Registered Agent	
9. Name and Address of Current Registered Agent 81 Name 81 Name					
AGU	IILA, ADOLFO Z ESQ.		G	erald R. Senra	
6780 CORAL WAY			82 Street A	ddress (P.O. Box Number is Not Acceptable) 501 S.W. 175th S. reet	
SUITE 200			83	20T 2.M. 1120H 2. 166A	
MIAI	MI FL 33155				
			84 City	$FL \stackrel{85}{\mid} \stackrel{Zip}{\mid} 3$	Code
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508. Florida Statutes.	the above-named o	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 poard 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		gistered Agent signature re-		
12.	OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO	
TITLE	PSTD	☐ DELETE	1.1 TITLE	☐ Change	Addition
NAME	DEL ALCAZAR, GLADYS G		1.2 NAME		ļ
STREET ADDRESS	7501 S.W. 175TH STREET		1.3 STREET ADDRESS	•	ì
CITY-\$T-ZIP	MIAMI FL 33157		1.4 CITY-ST-ZIP		
TITLE	General Manager	☐ DELETE	2.1 TITLE	Change	☐ Addition
NAME	Gerald R. Senra		2.2 NAME]
STREET ADDRESS	7501 S.W. 175th Str	eet	2.3 STREET ADDRESS		[
CITY-ST-ZIP	Miami, FL 33157		2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE	☐ Change	Addition i
NAME			3.2 NAME		
STREET ADDRESS	1		3.3 STREET ADDRESS		
CITY-ST-ZIP		F-1	3.4. CITY-ST-ZIP		Addition
TITLE		☐ DELĒTĒ	4.1 TITLE	☐ Change	Addition 1
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		T) belete	4.4 CITY-ST-ZIP	☐ Change	Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME		
NAME			5.3 STREET ADDRESS	•	
STREET ADDRESS					
CITY-ST-ZIP		☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	Change	☐ Addition
TITLE		C VELETE	6.2 NAME	only	
NAME STREET ADDRESS			6.3 STREET ADDRESS		
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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 on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

USE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-665-2433

FILED Apr 23, 1999 8:00 am Secretary of State

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