**FILED** 

## Apr 09, 2002 8:00 am Secretary of State P94000031500 **DOCUMENT #** 1. Entity Name 04-09-2002 90080 028 \*\*\*150.00 AGRI-SYSTEMS INTERNATIONAL, INC. Principal Place of Business Mailing Address 9655 S DIXIE HWY 9655 S DIXIE HWY **MIAMI FL 33156 MIAMI FL 33156** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 65-0485899 City & State --City & State Applied For Not Applicable Zip Country 7in Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GERALD SENRA **\$0)**NRA, GERALD R Street Address (P.O. Box Number is Not Acceptable) 7501 SW 175TH ST MIAMI FL 33156) -City MIAMI 8. The above nimed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. GERALD SENRA PRESIDENT SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (9/01) PSTD TITLE 🔀 Delete . ☐ Change Addition TITLE DEL ALCAZAR, GLADYS G NAME NAME 7501 S.W. 175TH STREET STREET ADDRESS STREET ADDRESS **MIAMI FL 33157** CITY - ST-ZIP CITY-ST-ZIP Delete アダアシカ Change Addition TITLE TITLÉ GERALD R SENRA SENRA, GERALD(H) NAME 7501 SW 175TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33157 -MI.MI-16-CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE

13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 11 or Block 12 if changed, or on an attachinger with an address, with all other like empowered.

SIGNATURE:

GENALD SENRA SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daylime Phone \*