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 # **P94000042012 (2)**

1. Corporation Name

MONSANTE INTERNATIONAL, INC.

Principal Place of Business

5179 N.W. 74TH AVE.
MIAMI FL 33166

Mailing Address

5179 N.W. 74TH AVE.
MIAMI FL 33166

3. Date Incorporated or Qualified: **06/06/1994**

3a. Date of Last Report: **02/22/1995**

4. FEI Number: **65-0495772** — 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. The corporation has liability for intangible tax under s. 199.032, Florida Statutes: [ ] Yes [ ] No

2. Principal Place of Business

21
Suite, Apt. #, etc.
22
City & State
23
Zip — Country
24 — 25

2a. Mailing Address

26
Suite, Apt. #, etc.
27
City & State
28
Zip — Country
29 — 30

9. Name and Address of Current Registered Agent

MONSANTE, ARTURO
8963 CARIBBEAN BLVD.
MIAMI FL 33157

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 Section [illegible], 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 [illegible], Florida Statutes.

SIGNATURE — DATE

12. OFFICER'S AND DIRECTOR'S

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

PD
MONSANTE, ARTURO
8963 CARIBBEAN BLVD.
MIAMI FL 33157

[ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

[ ] Change [ ] Addition

14. I hereby certify that the information supplied with this filing complies with the requirements of Section 607.193, Florida Statutes. I further certify that the information indicated on this report or supplemental requirement complies with Section 607.0505, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or added.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03-28-96 — (305) 717-3122

CR2E034 (12/95)