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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P94000088662 (9)**

1. Corporation Name
BITTER CROP PRODUCTIONS, INC.

Principal Place of Business	Mailing Address
~~C/O OSCARDELA GUARDIA~~ ~~5835 BLUE LAGOON DRIVE CRP 410~~ ~~MIAMI FL 33126~~ ~~US~~	~~C/O OSCARDELA GUARDIA~~ ~~5835 BLUE LAGOON DRIVE CRP 410~~ ~~MIAMI FL 33126-2069~~ ~~US~~

3. Date Incorporated or Qualified: 12/06/1994
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21: c/o Oscar de la Guardia
22 Suite, Apt. #, etc.: 4900 SW 91 Ave.
23 City & State: Miami, FL
24 Zip: 33165
25 Country: USA

2a. Mailing Address
26: c/o Oscar de la Guardia
27 Suite, Apt. #, etc.: 200 E. Las Olas Blvd. Ste 2100
28 City & State: Ft. Lauderdale, FL
29 Zip: 33301
30 Country: USA

4. FEI Number: 65-0559050 ☐ 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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

~~DE LA GUARDIA, OSCAR~~
~~5835 BLUE LAGOON DRIVE~~
~~CRP 410~~
~~MIAMI FL 33126~~

10. Name and Address of New Registered Agent

81 Name:
82 Street Address (P.O. Box Number is Not Acceptable): 200 E. Las Olas Blvd.
83: Ste. 2100
84 City: Ft. Lauderdale, 85 FL Zip Code: 33301

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: _____ Oscar de la Guardia June 29, 1997
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~DPS~~ ~~DE LA GUARDIA, OSCAR~~ ~~5835 BLUE LAGOON DR.~~ ~~MIAMI FL 33126~~	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	DPST Oscar de la Guardia 200 E Las Olas Blvd. Ste. 2100 Ft. Lauderdale, FL 33301	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/96)

14. I do 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 or added on an attachment with an address.

SIGNATURE: _____ Oscar de la Guardia President 6/24/97 954-523-7288