

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
Sep 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000088662 (9)**

1. Corporation Name
BITTER CROP PRODUCTIONS, INC.



Principal Place of Business C/O OSCARDECA GUARDIA 5835 BLUE LAGOON DRIVE CRP #10 MIAMI FL 33128 408	Mailing Address C/O OSCARDECA GUARDIA 5835 BLUE LAGOON DRIVE CRP #10 MIAMI FL 33128-2069 US
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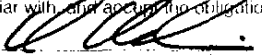
2. Principal Place of Business 21 c/o Oscar de la Guardia Suite, Apt. #, etc. 22 4900 SW 91 Ave. City & State 23 Miami, FL Zip 24 33165	2a. Mailing Address 26 c/o Oscar de la Guardia Suite, Apt. #, etc. 27 200 E. Las Olas Blvd. Ste 2100 City & State 28 Ft. Lauderdale, FL Zip 29 33301 Country 30 USA
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3. Date Incorporated or Qualified 12/06/1994	3a. Date of Last Report 05/01/1996
4. FET 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 #10 MIAMI FL 33128	
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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 Zip Code FL 33301	
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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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPB DE LA GUARDIA, OSCAR 5835 BLUE LAGOON DR. MIAMI FL 33128
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
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
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☒ Change ☐ Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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 on an attachment with an address.

SIGNATURE:  **Oscar de la Guardia** **President 6/29/97 954-523-7788**

CR2E034 (9/96)