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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DE PARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P9500008385

COMPANIA AGRICOLA Y GANADERA REPUBLICA, S.A., IN

FILED Apr 29, 1999 8:00 am Secretary of State

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Principal Plac	e of Business	Mailing Address) IOBIIOUI IIB IOIBI EIIII BUIN OI	in 19 11) 1		01 01 02 11	101 (010) 011) (04)
7400 S.W. 123F MIAMI FL 3318		7400 S.W. 123RD AVEN MIAMI FL 33183	7400 S.W. 123RD AVENUE MIAMI FL 33183				DO NOT WRI	ΤΕ IN Γ	HIS S	PACE	
						3. Dat	e Incorporated or Qualifed				
							/31/1995				
2. Principal P	Place of Business	2a. Mailing Address	2a. Mailing Address			1	Number				pplied For
21		26	<u> </u>			65-	-0552218				lot Applicable
Suite. Apt.	#, etc.	Suite, Apt. #, etc.	27			5. Cer	tifcate of Status Desired	X			Additional Flequired
City 8 Stat	e	City & State				6Elec	6. Election Campaign Financing				()_May.Be
23		28	¥				Trust Fund Contribution Addec to Fees				
Zip	Country	├ ── '						on owes the current year Intangible			
24	25 29 9. Name and Address of Current Registered Agent			30			Personal Property Tax. Yes No 10. Nanie and Address of New Registered Agent				
	9. Name and Address of C	Current Registered Agent		81	Name	10, Nai	ie and Address of New i	tegisu	rea A	gent	
ARG	uelles, Jose I			"							
7400	O S.W. 123RD AVENUE MI FL 33183		,	82	Street Ac	ddress (P.O. I	Eox Number is Not Accept	able)			
WEAT	WILL 33103			83							
				84	Çity		>		=L	85 Zi	p Code
office or t	registered agent, or both, in the	07.0502 and 607.1508, Florida State of Florida. Such change wa obligations of, Section 607.0505,	s authorized	l by th	named cone corp ara	orporation sub ation's board	nits this statement for the of directors. I hereby acce	purposi of the ap	e of cl opoint	nanging ment as	its registered registered
SIGNATURE		•									
010111111112	Signature, typed or printed name of registe		OTE: Registered	Agent	signature requ	uired when reinstat		DATE			
12.		RS AND DIRECTORS	13.			ADD	TIONS/CHANGES TO OF	FICER			
TITLE	D	☐ DELETE								Chang	e 🔲 Addition
NAME	ARGUELLES, JOSE I		1.2 NA								
STREET ADDRESS	1		1		ADDRESS						
CITY-ST-ZIF	MIAMI FL 33183			TY-\$T-	ZIP					Chang	e Addition
TITLE		☐ DELETE									e
NAME			2.2 NA								
STREET ADERESS			1		ADDRESS						
CITY-ST-ZIP		C priete		TY-ST	<u>- ZIP</u>	•	, 			Chang	e
TITLE		☐ DELETE			1						c
NAME			3.2 NA		4						
STREET ADD RESS					ADDRESS						j
CITY-ST-ZIP		☐ DELETE		TY-ST	-ZIP		- · · · · · · · · · · · · · · · · · · ·			Chang	e Addition
TITLE		Detere								onang	c
NAME	به به _{به} به		4. 2 N		i						1
STREET ADD RESS					ADDRESS						1
CITY-ST-ZIP		DELETE		TY-ST-	ZIP					Chang	e Addition
TITLE			5.1 TIT 5.2 NA								
NAME					ADORESS						
STREET ADD RESS				reei <i>i</i> TY-ST-							
CITY-ST-ZIP					ur					Chang	e
TITLE			6.2 NA								
NAME					ADORESS						ļ
STREET ADD RESS		1 \									
CITY-ST-ZIP			6 4 CI	TY-ST-	ZIP						

14. Thereby certify that the inform ation 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 of master empowered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jose I. Arguelles