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

**PROFIT** CORPORATION ANNUAL REPORT

1998

CITY-ST-ZIP

Block 12 or Block 13 if changed, or



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## P95000011439 (3) DOCUMENT #

FEED TECH INTERNATIONAL, INC. Principal Place of Business Mailing Address 780 NW LEJEUNE RD. 780 NW LEJEUNE RD. SUITE 316 SUITE 316 MIAMI FL 33126 DO NOT WRITE IN THIS SPACE MIAMI FL 33126 3. Date Incorporated or Qualified 02/08/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0552219 Not Applicable 26 Suite. Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible ☐ Yes 30 Personal Property Tax due June 30. 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name GREEN, ROGER B 10300 S.W. 72ND STREET, SUITE 435 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33173** 83 Sections 607.0562 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered rooth, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered discount to obligations of Section 607.0505, Florida Statutes 11. Pursuant to the provide office or registered against I am familiar with the control of the c SIGNATURE hen reinstating: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. ☐ Addition DELETE Change 1.1 TITLE TITLE FERRER, JOSE 1.2 NAME NAME 5600 RIVIERA DRIVE 1.3 STREET ADDRESS STREET ADDRESS **CORAL GABLES FL 33146** 1.4 CITY - ST - ZIP CITY-ST-ZIP Addition DELETE ☐ Change 2.1 TITLE TITLE GREEN, ROGER 2.2 NAME NAME 10300 SW 72ND ST, UNIT 435 2.3 STREET ADDRESS STREET ADDRESS MIAM! FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP Change Addition DELETE 3.1 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4. CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 4 1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY - ST - 7IP

14. I 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 the received on trustee empowered to execute the required by Chapter 607, Florida Statutes; and that my name appears in

chment with an address

FILED Jan 23 1998 8:00am Secretary of State