SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 10,
AMOUNT DUE ON OR BEFORE 8/10/ $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

CORPORATION ANNUAL REPORT 1996

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000030725

1. Corporation Name
A+R Fibre, Inc.

Mailing Address
P.O. Box 4465
Belle Glade, Fl. 33430

Principal Place of Business
1040 N.E. 12th St.
Belle Glade, Fl. 33430

If above addresses are incorrect in any way, line through incorrect information and enter correct on below

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: April 14, 1995
3a. Date of Last Report:
4. FEI Number: 65-0570860 — 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status
8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes [ ] Yes [ ] No

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

2a. Principal Place of Business
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent
Teresa Ronkles
1040 N.E. 12th St.
Belle Glade, Fl. 33430

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 Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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 or 617.0503, Florida Statutes.

SIGNATURE (Typed or Printed Name of Person Signing) DATE

12. OFFICERS AND DIRECTORS		13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	President - Director	11 TITLE	
12 NAME	Al Delliveneri	12 NAME	
13 STREET ADDRESS	1040 N.E. 12th Street	13 STREET ADDRESS	
14 CITY-ST-ZIP	Belle Glade, Fl. 33430	14 CITY-ST-ZIP	
21 TITLE		21 TITLE	
22 NAME		22 NAME	
23 STREET ADDRESS		23 STREET ADDRESS	
24 CITY-ST-ZIP		24 CITY-ST-ZIP	
31 TITLE		31 TITLE	
32 NAME		32 NAME	
33 STREET ADDRESS		33 STREET ADDRESS	
34 CITY-ST-ZIP		34 CITY-ST-ZIP	
41 TITLE		41 TITLE	
42 NAME		42 NAME	200001831472
43 STREET ADDRESS		43 STREET ADDRESS	-05/21/96--01038--014
44 CITY-ST-ZIP		44 CITY-ST-ZIP	***225.00
51 TITLE		51 TITLE	
52 NAME		52 NAME	
53 STREET ADDRESS		53 STREET ADDRESS	
54 CITY-ST-ZIP		54 CITY-ST-ZIP	
61 TITLE		61 TITLE	
62 NAME		62 NAME	
63 STREET ADDRESS		63 STREET ADDRESS	
64 CITY-ST-ZIP		64 CITY-ST-ZIP	

5-20-96 JP

14. I do hereby certify that the information supplied with this filing 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or 13 above, or on an attachment with an address.

SIGNATURE: [signature] May 14, 1996 (407) 996-6848
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #