

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000042038 (6)

1. Corporation Name

NEW ZEALAND DAIRY SERVICES (LATIN AMERICA) INC.



Principal Place of Business

Mailing Address

**ONE FINANCIAL PLAZA
SUITE 2001
FORT LAUDERDALE FL 33394**

**ONE FINANCIAL PLAZA
SUITE 2001
FORT LAUDERDALE FL 33394**

3. Date Incorporated or Qualified
06/01/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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25

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4. FEI Number

65-0581959

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

10. Name and Address of New Registered Agent

**MURDOCH, ROBERT E ESQ.
JOHNSON, ANSELMO, MURDOCH, ET AL, P.A.
790 E. BROWARD BLVD., SUITE 400
FORT LAUDERDALE FL 33301-**

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, 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

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

D

☐ DELETE

NAME

REY, ALFONSO

STREET ADDRESS

**ONE FINANCIAL PLAZA, SUITE 2001
FORT LAUDERDALE FL 33394**

CITY-ST-ZIP

TITLE

D

☐ DELETE

NAME

ROBINS, MARK

STREET ADDRESS

**ONE FINANCIAL PLAZA, SUITE 2001
FORT LAUDERDALE FL 33394**

CITY-ST-ZIP

TITLE

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NAME

LINLEY, MICHAEL

STREET ADDRESS

**ONE FINANCIAL PLAZA, SUITE 2001
FORT LAUDERDALE FL 33394**

CITY-ST-ZIP

TITLE

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NAME

MCKENZIE, MARK

STREET ADDRESS

**ONE FINANCIAL PLAZA, SUITE 2001
FORT LAUDERDALE FL 33394**

CITY-ST-ZIP

TITLE

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CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

P/D

Rey, Alfonso

**One Financial Plaza, Suite 2001
Fort Lauderdale, FL 33394**

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Donald M. Causey Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/96
Date

954-760-9880
Daytime Phone

CR2E034 (12/95)