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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P95000042038**

NEW ZEALAND DAIRY SERVICES (LATIN AMERICA) INC.

FILED Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90041 037 ***150.00



Principal Place of Business Mailing Address					_		TI MINIST HOUSE MAIN	0 11181 1814 1814
ONE FINANCIAL PLAZA SUITE 2001 FORT LAUDERDALE FL 33394		one Financial Plaza Suite 2001 Fort Lauderdale Fl 33394				DO NOT WRITE IN TH	IS SPACE	
						3. Date incorporated or Qualifed 06/01/1995		
2. Principal Pla	ace of Business	2a. Mailing Address	Mailing Address		-	4. FEI Number	Aı	oplied For
21 ONE I	21 ONE FINANCIAL PLAZA 26 ONE FINANCIAL P			PLAZA		65-0581959	No.	ot Applicable
Suite, Apt. s	#, etc.	Suite, Apt. #, etc. 27 SUITE 2700				5. Certificate of Status Desired	•	Additional equired
City & State	DERDALE, FLORIDA	City & State 28 FT. LAUDERDALE, FLORIDA			IDA	Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	Country	Zip	Countr			8. This corporation owes the current year Intangible		
24 33394	25 USA	29 33394 3	30 USA			Personal Property Tax.	¥ Yes	□No
Name and Address of Current Registered Agent						10. Name and Address of New Registered Agent		
				81 N	lame			
MURDOCH, ROBERT E ESQ. JOHNSON, ANSELMO, MURDOCH, ET AL, P.A.			8	82 S	Street Addres	ss (P.O. Box Number is Not Acceptable)		
	E. BROWARD BLVD., SUITE 400		8	B3				
FUNI	LAUDERDALE FL 33301-		8	84 C	City	· · · · · · · · · · · · · · · · · · ·	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: Registere					nature required v	when reinstating) DATE		
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS		
TITLE	PD	☐ DELETE	1.1 TITL	.E		·	☐ Change	☐ Addition
NAME	REY, ALFONSO		1.2 NAM	Æ				
STREET ADDRESS	ONE FINANICAL PLAZA, 2700		1.3 STR	EET ADO	DRESS			
CITY-ST-ZIP	FORT LAUDERDALE FL		1.4 CITY-ST-ZIP		Ρ			
TITLE	D DELETE 211		2.1 TITLE	E			Change	☐ Addition
NAME	ARMSTRONGE, STEVE. 22N		2.2 NAM	Æ	Ì)
STREET ADDRESS	AND FINANCIAL DIATA MOTOR		2.3 STREET ADDRESS		DRESS			
CITY-ST-ZIP	FORT LAURERDALE EL AGONA		2.4 CITY-ST-ZIP		IP			
TITLE			-	3.1 TITLE		-	Change	☐ Addition
NAME	3.2		3.2 NAM	AE.				
STREET ADDRESS			3.3 STR	EET ADO	DRESS			
CITY-ST-ZIP			3.4. CITY	Y-ST-71	P			
TITLE		☐ DELETE	4.1 TITL				Change	☐ Addition
NAME			4. 2 NAA	MË	j			
STREET ADDRESS			E .	EET ADI	DRESS			j
}			44 CITY				•	/
CITY-ST-ZIP TITLE	, man		5.1 T/TL				☐ Change	Addition
NAME			5.2 NAM			· .	- •	
			5.3 STR	EET AD	DRESS			ĺ
STREET ADDRESS			5.4 CITY					
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITL				☐ Change	Addition
NAME			6.2 NAM				_ •	_
				EET ADI	DRESS			
STREET ADDRESS.				Y-ST-ZI		`		}
CITY-ST-ZIP								

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 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, with all other like empowered.