

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

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000076503 1. Corporation Name					
A & B IRRIGATION DESIGN AND MANAGEMENT, INC.					
Principal Place of Business			Mailing Address		
10612 SW 184th TERRACE MIAMI, FLORIDA 33157			10612 SW 184th TERRACE MIAMI, FLORIDA 33157		

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 12386 SW 130th STREET		26 12386 SW 130th STREET		OCTOBER 5, 1995	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	
23 MIAMI, FLORIDA		28 MIAMI, FLORIDA		65 - 0611932	
24 33186		25 USA		29 33186	
26 USA		30 USA		5. Certificate of Status Desired	
				☐ \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				☐ \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible	
				Personal Property Tax due June 30 ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DIANA ALEMAN 18125 NW 83rd AVENUE MIAMI, FLORIDA 33015				81 Name DIANA ALEMAN			
				82 12386 SW 130th STREET			
				83			
				84 City MIAMI FL 85 33186			

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 and agree with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* DATE: 10/01/98

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1. TITLE				1.1 TITLE			
NAME				1.2 NAME			
STREET ADDRESS				1.3 STREET ADDRESS			
CITY, ST, ZIP				1.4 CITY, ST, ZIP			
2. TITLE				2.1 TITLE			
NAME				2.2 NAME			
STREET ADDRESS				2.3 STREET ADDRESS			
CITY, ST, ZIP				2.4 CITY, ST, ZIP			
3. TITLE				3.1 TITLE			
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY, ST, ZIP				3.4 CITY, ST, ZIP			
4. TITLE				4.1 TITLE			
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY, ST, ZIP				4.4 CITY, ST, ZIP			
5. TITLE				5.1 TITLE			
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY, ST, ZIP				5.4 CITY, ST, ZIP			
6. TITLE				6.1 TITLE			
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY, ST, ZIP				6.4 CITY, ST, ZIP			

14. I, the undersigned, certify that the information supplied with this filing does not qualify for the exemption stated in Section 110.01 (b)(1), Florida Statutes. Further, I certify that the information submitted in 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. 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 on Block 12 or Block 13 of this filing. If an attachment with an address.

SIGNATURE: *[Signature]* *ad*