SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra R. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS **DOCUMENT #** P95000083354 (7) AGRO-TEC INTERNATIONAL, INC. Principal Place of Business Mailing Address 3187 NORTH STATE ROAD 7. SUITE 202 3187 NORTH STATE ROAD 7. SUITE 202 MARGATE FL 33063 MARGATE FL 33063 3. Date Incorporated or Qualified 3a. Date of Last Report 10/31/1995 Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 APPLIED 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation has liability for intangible tax under s. 199 032 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD 343 ALMERIA AVENUE Street Address (P.O. Box Number is Not Acceptable) **CORAL GABLES FL 33134** 83 84 City 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature it, ped or pricted name of registered agent and too if approache (NOTE: Registered Agent signature required when reinstability) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. (36/8) TITLE PD DELETE 1 1 THILE Change Addition NAME KING, KENNETH H 1.2 NAME CR2E034 3187 NORTH STATE ROAD 7, SUITE 202 STREET ADDRESS 1.3 STREET ADDRESS CITY-ST-ZIP MARGATE FL 33063 1.4 CITY - ST - ZIP TITLE VD DELETE 2.1 TITLE Change Addition NAME KING, DAVID M 2.2 NAME STREET ADORESS 3187 NORTH STATE ROAD 7, SUITE 202 2.3 STREET ADDRESS CITY - ST - ZIP MARGATE FL 33063 2 4 CITY - ST-ZIP TITLE DELETE STD 3.1 THILE Change Addition NAME KING, LOUISE M 3.2 NAME STREET ADDRESS 3187 NORTH STATE ROAD 7, SUITE 202 3.3 STREET ADDRESS City-St-ZIP MARGATE FL 33063 3.4 CITY - ST-ZIP TITLE DELETE 4.1 TrillE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4 4 CITY - ST - ZIP TITLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STRELT ADDRESS CITY-ST-ZIP 54 CITY - ST-ZIP TITLE DELETE 61 TITLE Change ____ Addition NAME 6 2 NAME STREET ADDRESS 63 STREET ADDRESS C)TY-\$1-ZIP 6.4 CITY - ST - ZIP 14. Ido 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)(x). Florida Statutes 1 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 617. Florida Statutes and that my name appears in Block 12 or

or on an attachment with an address

OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

20/96 954-984-0383