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

PROFIT **CORPORATION** ANNUAL REPORT

1998

NAME

STREET ADDRESS

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 19 1998 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name P97000058569 (9)

INDAGRO TAMPA INCORPORATED

Principal Place of Business Mading Address 14502 NORTH DALE MABRY HIGHWAY 14502 NORTH DALE MABRY HIGHWAY SUITE 200 SUITE 200 DO NOT WRITE IN THIS SPACE TAMPA FL 33618 TAMPA FL 33618 3. Date Incorporated or Qualified 06/27/1997 2. Principal Place of Business 4. FEI Number 59-3503992 Applied For 2a. Mailing Address Not Applicable 26 Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible X Yes □ No 24 Personal Property Tax due June 30. 30 25 29 Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name KELLER, ALLEN S 13709 ATTLEY PLACE Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33618** 83 Zip Code 11. Pursuant to the provisions of Sections 607.05.02 and 607.15.08, 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 607.05.05, Florida Statutes. SIGNATURE Signature, typed or protect game of may level agreal and title it applicable. (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. Change Addition DELETE TITLE 1.1 TITLE KELLER, ALLEN S NAME 1.2 NAME 13709 ATTLEY PLACE STREET ADDRESS 1.3 STREET ADDRESS **TAMPA FL 33624** 1.4 CITY - ST - ZIP CITY - ST - ZIP Change DELETE Addition 2.1 TITLE TITLE **DEL CONTE, GIOVANNI** NAME 2.2 NAME **130 SYNGROU AVENUE** STREET ADDRESS 2.3 STREET ADDRESS 17671 ATHENS GREECE CITY-ST-ZIP 2. 4 CITY - ST- ZIP ☐ Change Addition DELETE TITLE 3.1 TITLE NAME DEL CONTE, ALESSANDRO 3.2 NAME **130 SYNGROU AVENUE** STREET ADDRESS 3 3 STREET ADDRESS 17671 ATHENS GREECE CITY-ST-ZIP 3.4 CITY-S1-ZIP DELETE ___ Change Addition 4.1 TITLE TITLE **DEL CONTE, THEODORE** 4.2 NAME NAME 130 SYNGROU AVENUE STREET ADDRESS 4.3 STREET ADDRESS 17671 ATHENS GREECE CITY+ST-7IP 4.4 CITY - \$1 - ZIP Change Addition DELETE 5.1 11118 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE Change Addition 6.1 TITLE TITLE

6.2 NAME

6.3 STREET ADDRESS

× 413d98

6.4 CITY - ST - ZIP 14. Thereby 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 of 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 or an attachment with an address.