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 # P97000076493 (0)

THEE MACCABEAN AGRO INDUSTRIES, INC.

Principal Place of Business

Mailing Address

FILED May 06 1998 8:00am Secretary of State



3120 PEMBROKE ROAD BAY 233 PO BOX 4816 HALLANDALE FL 33009 HOLLYWOOD FL 33083 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/04/1997 Applied For 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 65-0778838 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional XX 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. Yes X No Zip Country Ζip Country 24 Personal Property Tax due June 30. 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name EDWARDS, ADELL R 2461 NW 56TH STREET 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33142 83 **B4** 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typod or printed name of regulared agest and their disopticable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE D Change Addition 1.1 TITLE TITLE **DUNN, VICTOR DR** NAME 1 2 NAME PO BOX 4816 N/A STREET ADDRESS 1.3 STREET ADDRESS HOLLYWOOD FL 33083 CITY-ST-ZIP 1.4 CRY-ST-ZIP DELETE TITLE 21 TITLE Change Addition NAME HAIRSTON, JAMS D DR 2.2 NAME PO BOX 4816 N/A STREET ADDRESS 2.3 STREET ADDRESS HOLLYWOOD FL 33083 CITY-ST-ZIP 2.4 CITY-S1-7IP DELETE Addition TITLE 3 1 TITLE HAIRSTON, DIANNIE M DR NAME 3.2 NAME PO BOX 4816 N/A STREET ADDRESS 3.3 STREET ADDRESS HOLLYWOOD FL 33083 CITY-ST-ZIP 3.4. C(1) Y - S1 - Z(P DELETE Addition Change TITLE 4.1 TITLE EDWARDS, ADELL R 4.2 NAME 2461 NW 56TH STREET STREET ADDRESS 4.3 STREET ADDRESS **MIAMI FL 33142** CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change ☐ Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE 61 TITLE Change ___ Addition TITLE 5000025146**8**5 -05/07/98--01010--045 NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

64 CITY-S1-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.7(3)(i), Florida Statutes. I further certify that the information indicated on this though 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 or Block 13 or on an attachment with annuadress.

CIGNATURE:

20-QX

- asla-1864