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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthago

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000087504 (1)

FLORIDA GRAINS, INC.

FILED Feb 16 1998 8:00am Secretary of State

						-1	
P	rincipal Place of Business	Mailing Address	Mailing Address			i fåtijati sip fåtil fåtil satil palli satil palli satil palli satil palar i i i i i i i i i i i i i i i i i i	
	2207 SW 131 AVENUE AIAMI FL 33186	12207 SW 131 AV MIAMI FL 33186	12207 SW 131 AVENUE MIAMI FL 33186			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/09/1997	
2.	Principal Place of Business	2a. Mailing Addre	SS S			4. FEI Number Applied For	
21	·	26				65- 0791085 Not Applicable	
22	Suite, Apt. #, etc.	Suite, Apt. #, 6	oto.			Certificate of Status Desired	
23	City & State	City & State				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
24	Zip Country	Ζφ 29	Coun	try		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			
	SINGH, INDRAJEIT			B1	Name		
12207 SW 131 AVENUE MIAMI FL 33186				Street Address (P.O. Box Number is Not Acceptable)			
	WANTE COLOR		Ī	B3			
			ļī.	B4	City	85 Zip Code	

H. 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.

I GIVE ONE	Signature, typod or prested some of rop: threat eyens and title if applicable (NO1E, f	Ingistered Agent eignature	
12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DELETE	1.1 TITLE	Change Addition
NAME	MIAMI, FI BESTE	1.2 NAME	
STREET ADDRESS	12207 6N 151 ANENNE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI F1 33186	1.4 CITY - ST - ZIP	
TITLE	DELETE	2.1 TITLE	Change Addition
NAME		2.2 NAME	'. '
STREET ADDRESS		2 3 STREET ADDRESS	
CITY-ST-ZIP		2 4 CITY-ST-ZIP	
TITLE	DELETE	3.1 TITLE	Change Addition
NAME		3.2 NAME	
STREET ADORESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4. CITY - ST - ZIP	
TITLE	☐ DELETE	4.1 TITLE	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 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	DELETE	6 1 TITLE	Change Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
A.T. AT 310		CAPITY, CT. 7IP	

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 supplied entered an indicated on this annual report or supplied entered an indicated on this annual report or supplied entered an indicated on this annual report or supplied entered 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.

SIGNATURE:

ille 1/23/98 305 971 3201