

09081999-90010-039-\$550.00-\$550.00

AMOUNT DUE ON OR BEFORE 09/19/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750)

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000063222 Corporation Name

AGRO EXPRESS, INC.

FILED

99 OCT -8 AM 9:24

SECRETARY OF STATE TALLAHASSEE, FLORIDA



9/8/99 90010 039 \$550.00 DO NOT WRITE IN THIS SPACE

Principal Place of Business 1 N.W. 73RD TERRACE TAMARAC FL 33321 Mailing Address 7654 N.W. 73RD TERRACE TAMARAC FL 33321

Principal Place of Business 2a. Mailing Address 26

Suite, Apt. #, etc. 27

City & State 28

Zip Country 29

3. Date Incorporated or Qualified 07/17/1998 4. FEI Number Not Applicable 5. Certificate of Status Desired \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees 8. This corporation owes the current year Intangible Personal Property. Yes No

9. Name and Address of Current Registered Agent

FILINGS, INC. 3732 N.W. 16TH STREET FT. LAUDERDALE FL 33311-4132

10. Name and Address of New Registered Agent

81 Name PEDRO E. JONIA 82 Street Address (P.O. Box Number is Not Acceptable) 600 W HALLANDALE BCH BLVD #6 83 84 City HALLANDALE FL 85 Zip Code 33009

Pursuant to the provisions of sections 807.0502 and 807.1506, 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 807.0505, Florida Statutes. 08/31/99 DATE

NATURE OF CHANGE (NOTE: Registered Agent signature required when re-registering)

Table with columns for OFFICERS AND DIRECTORS and ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Includes fields for name, title, street address, city-st-zip, and checkboxes for delete, change, or addition.

hereby 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 or the receiver or trustee empowered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, on an attachment with an address.

SIGNATURE: [Signature] DAYTIME PHONE # (904) 455-0701

CR2E034 (5/99)

KE