

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90021 002 ***150.00

DOCUMENT # P98000095936

1. Corporation Name

AGRIMAGE, USA, INC.

Principal Place of Business

1301 W COPANS RD. BUILDING D. SUITE B
POMPANO BEACH FL 33064

Mailing Address

1301 W COPANS RD. BUILDING D. SUITE B
POMPANO BEACH FL 33064

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/09/1998

4. FEI Number

65-0871475

Applied For

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 Tax.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

GRIFFITH, LYNN P
1301 W COPANS RD, BUILDING D, SUITE B
POMPANO BEACH FL 33064

10. Name and Address of New Registered Agent

81 Name ~~WILLIAM SUMMERS, ESQ.~~
82 Street Address (P.O. Box Number is Not Acceptable) ~~2600 DOUGLAS ROAD~~
83 ~~SUITE 304 DOUGLAS CENTRE~~
84 City ~~CORAL GABLES, FL~~ FL 85 Zip Code ~~33134~~

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]
Signature, typed or printed name of registered agent and title if applicable

PRESIDENT

(NOTE: Registered Agent signature required when reinstating)

DATE

APRIL 28, 1999

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
D	DAOUST, GILLES	32 RUE WILLINGTON N, SUITE 207	SHERBROOK, QC CANADA J1H 5B7	<input type="checkbox"/>
PD	GRIFFITH, M. LYNN P JR	1301 W COPANS RD, BLDG D, SUITE B	POMPANO BEACH FL 33064	<input type="checkbox"/>
VD	PARENTEAU, ALAIN	32 RUE WILLINGTON N, SUITE 207	SHERBROOKE, QC CANADA J1H5B7	<input type="checkbox"/>
TD	PEPIN, REYNALD	32 RUE WILLINGTON N, SUITE 207	SHERBROOKE, QC CANADA J1H 5B7	<input type="checkbox"/>
SD	LE VESQUE, DENIS	465 3 RANG NORD ST CHARLES SUR RICHELIEU	QUEBEC, CANADA JOH 2G0	<input type="checkbox"/>
D	TREMBLAY, PASCAL	32 RUE WILLINGTON N, SUITE 207	SHERBROOKE, QC CANADA	<input checked="" type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

14. I 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LYNN P. GRIFFITH, JR. APR 28, 1999 972-3255

Date

Daytime Phone #

CR2E034 (1/98)