

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$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 # P98000096743

1. Corporation Name
AGROIMPEX, INC.

Principal Place of Business

C/O VICTORIA SHARP
1440 S OCEAN BLVD., #4C
POMPANO BEACH FL 33062

Mailing Address

C/O VICTORIA SHARP
1440 S OCEAN BLVD., #4C
POMPANO BEACH FL 33062

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

28 Zip

24 Country

29 Country

9. Name and Address of Current Registered Agent

SHARP, VICTORIA
1440 S OCEAN BLVD., #4C
POMPANO BEACH FL 33062

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 85 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: *Victoria SHARP (President)*
(Signature, typed or printed name of registered agent and title if applicable)

7/20/99

DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME SHARP, VICTORIA
STREET ADDRESS 1440 S OCEAN BLVD., #4C
CITY-ST-ZIP POMPANO BEACH FL 33062

DELETE

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

Change 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.

SIGNATURE: X

Victoria Sharp 7/20/99 (954)5580977

FILED
Jul 27, 1999 8:00 am
Secretary of State

07-27-1999 90011 028 ***550.00

596272-90011-28



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/17/1998

4. FEI Number

65-0924146

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Added to Fees

Trust Fund Contribution

8. This corporation owes the current year

Intangible Personal Property

Yes No

CR2E034 (5/99)