

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
Sep 07, 1999 8:00 am
Secretary of State

09-07-1999 90003 037 ***550.00

DOCUMENT # S02074

Corporation Name

FLORIDA AGRICULTURAL CORPORATION

Principal Place of Business

200 E. 2ND ST.
NATIONSBANK #3700
MIAMI FL 33131

Mailing Address

100 SE 2ND ST.
NATIONSBANK #3700
MIAMI FL 33131
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/25/1990

4. FEI Number

65-0236021

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

Principal Place of Business

701 Brickell Ave.

2a. Mailing Address

701 Brickell Ave.

Suite, Apt. #, etc.

#2000

Suite, Apt. #, etc.

#2000

City & State

Miami, FL

City & State

Miami, FL

Zip

33131 25 USA

Zip

33131 30 USA

9. Name and Address of Current Registered Agent

BEFELER, GEORGE ESQ
NATIONSBANK #3700
100 S.E. 2ND ST.
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name George Befeler, Esq.
82 Street Address (P.O. Box Number is Not Acceptable)
701 Brickell Avenue, #2000
83
84 City Miami, FL 85 Zip Code 33131

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

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

NAME	DELETION
DUTARI, GRACIELA S CALLE AQUILLANO DE LA GUARDIA NO. 8 EDIFICIO INGRA, PANAMA	<input type="checkbox"/> DELETE
	<input type="checkbox"/> DELETE
	<input type="checkbox"/> DELETE
	<input type="checkbox"/> DELETE
	<input type="checkbox"/> DELETE
	<input type="checkbox"/> DELETE
	<input type="checkbox"/> DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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 *George Befeler, Esq.* SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-25-99

Date

Daytime Phone #

CR2E034 (11/98)