

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 02, 1999 8:00 am  
Secretary of State

09-02-1999 90007 017 \*\*\*550.00

DOCUMENT # S02904

1. Corporation Name

AGRICULTURAL DEVELOPMENT, INC.

Principal Place of Business

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

Mailing Address

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/28/1990

4. FEI Number

65-0240215

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

2. Principal Place of Business

21 701 Brickell Ave.

2a. Mailing Address

26 701 Brickell Ave.

Suite, Apt. #, etc.

22 #2000

Suite, Apt. #, etc.

27 #2000

City & State

23 Miami FL

City & State

28 Miami FL

Zip

24 33131 25 US

Zip

29 33131 30 US

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 Ave.  
83 #2000  
84 City Miami FL 85 Zip Code 33131

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

X

(NOTE: Registered Agent signature required when reinstating)

8-3099

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME DUTARI, GRACIELA S  
STREET ADDRESS CALLE AQUILINO DE LA GUARDIA NO. 8  
CITY-ST-ZIP EDIFICIO IGRA PANAMA FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
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NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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 REQUIRED

8-2599

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)