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

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$13711

AGRO-LACTEOS INGREDIENTS, CORP.

(4)

Mailing Address

FILED

Sep 08 1997 8:00am

Secretary of State

Zip Code

8301 8W 7 ST MIAMI FL 33134-1159			5301 SW 7 ST MIAMI FL 33134	5301 SW 7 ST MIAMI FL 33134-1159					
							3. Date Incorporated or Qualified 11/20/1990		ate of Last Report 13/1996
2. Principal Place of Business			2a. Mailing Ad	2a. Mailing Address			4. FEI Number		Applied For
21	<u> </u>		26				65-0238717		Not Applicable
22	Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certificate of Status Desired		\$8.75 Additional Fee Required	
23	Çity & State	City & State City & State 28					Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees
_	Zip	Country	Zip	Cou	intry	,	8. This corporation has liability for in	ntangible	tax under s. 199.032,
24	<u></u>	25	29	30			Florida Statutes Yes No		
	9,	Name and Address of Cu	rrent Registered Agent		10. Name and Address of New Registered Agent				
ROLEO, MAINCEL					81 82				

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

84 City

agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.												
SIGNATURE Signature, typod or printed name of registered agent and life if applicable (NOTE: Registered Agent signature required when reinstating) DATE DATE												
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	12							
TITLE	80	☐ D£LETE	1.5 TITLE	Change	Addition							
NAME	REYES, MANUEL		1.2 NAME									
STREET ADDRESS	5301 SW 7 ST		1.3 STREET ADDRESS									
CITY-ST-ZIP	MIAMI FL 33134-1159		1.4 CITY-ST-ZIP									
TITLE	1	☐ DELETE	2.1 TITLE	☐ Change ☐	Addition							
NAME	REYES, MEILY		22 NAME									
STREET ADDRESS	5301 SW 7TH ST.		2 3 STREET ADDRESS									
CITY-ST-ZIP	MIAMI FL 33134-1159		2 4 CHTY-ST-ZIP									
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐	Addition							
NAME			3.2 NAME									
STREET ADDRESS			3.3 STREET ADDRESS									
CITY-ST-ZIP			3.4. CITY - ST - ZIP									
TITLE		DELETE	4.1 TITLE	☐ Change ☐	Addition							
NAME			4. 2 NAME									
STREET ADDRESS			4.3 STREET ADDRESS									
CITY-ST-ZIP			4.4 CITY - ST - ZIP		- 1							
TITLE		DELETE	5.1 TITLE	Change	Addition							
NAME			5.2 NAME	L Kr	~ M							
STREET ADDRESS			5.3 STREET ADDRESS	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	λ ·							
CITY-ST-ZIP			5.4 CITY - ST - ZIP		1							
TITLE		DELETE	6.1 TITLE	Change	Addition							
NAME			6.2 NAME	800002288345								
STREET ADDRESS			6.3 STREET ADDRESS	-09/03/9701045020								

14. I do 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 trusted 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 an attachment with an address.