

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S83665** (7)
1. Corporation Name
ANTILLES AGRICULTURAL SERVICES, INC.



Principal Place of Business

**1110 BRICKELL AVE. #430
MIAMI FL 33131**

Mailing Address

**1110 BRICKELL AVE. #430
MIAMI FL 33131**

2. Principal Place of Business

21 Street, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Street, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified
09/27/1991

3a. Date of Last Report
05/01/1995

4. FEI Number
65-0326719

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**PORRO, CARLOS R
1110 BRICKELL AVE
STE 430
MIAMI FL 33131**

10. Name and Address of New Registered Agent

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

Signature of Registered Agent (Print Name and Address)

Signature of Registered Agent (Signature required when registering)

Date

12. OFFICERS AND DIRECTORS

1.1 NAME
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 NAME
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 NAME
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 NAME
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 NAME
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 NAME
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on the 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 of changes to officers and directors with an address.

SIGNATURE:

Carlos R. Porro
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/15/96 (305) 358-3554
DATE AND TELEPHONE NUMBER

CR2E034 (12/95)