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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # V4209

1. Corporation Name

(2)

AGRICULTURAL MANAGERS & CONSULTANTS, INC.

Principal Place of Business Mailing Address 14829 STIRRUP LANE 14829 STIRRUP LANE WEST PALM BEACH FL 33414 WEST PALM BEACH FL 33414-7831 US											
							3. Date Incorporated or Qualified		of Last R	eport	
a Proping F	Place of Rugineer	On Mail	na Address				06/08/1992 4. FEI Number	U4/ I		antinat For	
2. Principal Place of Business 2a. Mailing Address 21							65-0423709			oplied For	
21 26							05 0423708	Not Applicable \$8.75 Additional			
22 27							5. Certificate of Status Desired		Fee Required		
City & Stat	te	···	& State				6. Election Campaign Financing	·	\$5.00		
23		28					Trust Fund Contribution		Added 1		
Zip	Country	Zip		Cou	ntry		8. This corporation has liability for	intangible ta			
24	25	29		30				Yes 🔲			
T.:	g, Name and Address of Curr	ent Registered	l Agent				10. Name and Address of New Re		jent		
POI	rro, Hilda M Pa				81 Na	me					
12769 W FOREST HILL BLVD SUITE E SUITE D-1					82 Str	eet Addr	et Address (P.O. Box Number is Not Acceptable)				
					02 5"	BBI ADOI	ess (1.0. Box Humber is Not Accepte.	Die,			
WE	LLINGTON FL 33414			ſ	83						
				}	<u> </u>				 7:-	O+ #-	
					84 Cit	У		FL	85 Zip (Code	
office or i	to the provisions of Sections 607.0 registered agent, or both, in the Sta am familiar with, and accept the obline in the control of the contr	ite of Florida. Si	uch change was	authorized	by the	ned corp corporati	oration submits this statement for the jon's board of directors. I hereby acce	purpose of c pt the appoi	hanging it ntment as	s registered registered	
	Signature, typed or preded name of registerod :				Agent sign	ature requir	ed when reinstating)	DATE			
12.		IND DIRECTOR		13.			ADDITIONS/CHANGES TO OFFI				
TITLE	D PARS SEL TROMS		DELETE	1111		ľ		L.	Change	Addition	
NAME	DE ARMAS, OSWALDO			1.2 NA	ME						
STREET ADDRESS	14829 STIRRUP LANE			1.3 ST	REET ADDR	ESS					
CITY-ST-ZIF	WEST PALM BCH FL		1 55:556		ry-st-zip				10:	1	
TITLE			□ DELETE	2.1 [1]	LE			L	Change	Addition	
NAME				2.2 NA	ME	{					
STREET ADDRESS				2.3 ST	reet ador	ESS					
CITY - ST - ZIF			····	2.4 CI	TY-ST-ZIP			· · · · · · · · · · · · · · · · · · ·	<u> </u>		
TITLE			DELETE	31 117	LE				Change	Addition	
NAME				3.2 NA	ME	1					
STREET ADDRESS				3.3 ST	reet addr	ESS					
CITY-ST-ZIP				3.4. CI	TY - ST - ZIP						
TITLE			DELETE	4.1 TIT	LE				Change	Addition	
NAME				4.2 N	AME.						
STREET ADDRESS	1			4.3 ST	REET ADDR	ESS					
CITY - ST - ZIP	1				TY-ST-21P						
TITLE			DELETE	5.1 70					Change	Addition	
NAME				5.2 NA					-		
STREET ADDRESS	}				REEY ADDR	ESS					
CITY-SI-7IF					TY-ST-ZIP						
TITLE			DELETE	6.1 TiT					Change	Addition	

14. To 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 armual 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZiP

6.2 NAME

SIGNATURE:

NAME

STREET ADDRESS

CITY: ST-ZIF

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

1/20/97

£561)992-3363

FILED

Jan 27 1997 8:00am

Secretary of State