FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 8:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V72370** **(2)**

1. Corporation Name
AGRIPACK INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
3448 NORTHWEST 68TH ROAD GAINESVILLE FL 32606 US	5200 NORTHWEST 43 COURT SUITE 102-199 GAINESVILLE FL 32606 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/14/1992
3a. Date of Last Report: 07/26/1994

2. Principal Place of Business
21 3448 NW 68TH Rd
Suite, Apt. #, etc.
22
City & State
23 GAINESVILLE, FL
Zip 24 32653 Country 25 U.S.A.

2a. Mailing Address
26 5200 NW 43RD ST
Suite, Apt. #, etc.
27 Suite 102-199
City & State
28 GAINESVILLE, FL
Zip 29 32606 Country 30 U.S.A.

4. FEI Number: 59-3150250 ☐ 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

~~ALVAREZ~~
~~ALVAREZ~~, CLAUDIO
3448 NORTHWEST 68TH ROAD
GAINESVILLE FL ~~32606~~ 32653

10. Name and Address of New Registered Agent

81 Name: ALVAREZ, CLAUDIO
82 Street Address (P.O. Box Number is Not Acceptable)
83 3448 NW 68TH Rd
84 City GAINESVILLE FL 85 Zip Code 32653

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	PRESIDENT	☒ Change ☐ Addition
NAME	ALVAREZ, CLAUDIO	12 NAME	ALVAREZ, CLAUDIO	
STREET ADDRESS	3448 NORTHWEST 68TH ROAD	13 STREET ADDRESS	3448 NW 68TH Rd	
CITY-ST-ZIP	GAINESVILLE FL	14 CITY-ST-ZIP	GAINESVILLE FL 32653	
TITLE		21 TITLE	VICEPRESIDENT	☐ Change ☒ Addition
NAME		22 NAME	VICTOR GARRIDO	
STREET ADDRESS		23 STREET ADDRESS	5705 NW 42ND Rd	
CITY-ST-ZIP		24 CITY-ST-ZIP	GAINESVILLE, FL 32606	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Claudio Alvarez CLAUDIO ALVAREZ 04-28-95 904-338-0240
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

04/2095 FP