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03-09-1999 90140 031 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # V72370

1. Corporation AGRIPAC	K INTERNATIONAL, INC.					
B : : : B	- F Dunis	Moiting Address			- 1,6814 810160 1880 1880 1880 1881 1881 1881 1	BION BION BION DIBIN BION (BD)
Principal Place of Business Mailing Address		·rr		!		
3448 NORTHWEST 68TH ROAD 5200 NORTHWEST 43RD ST GAINFSVILLE FL 32653 SUITE 102-199		KEEI				
		GAINESVILLE FL 32606			DO NOT WRITE IN THIS	SPACE
		US			3. Date Incorporated or Qualifed	
					10/14/1992	
Principal Place of Business 2a. Mailing Address				4. FEI Number	Applied For	
21 26				59-3150250	Not Applicable	
L.,		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22 27						Fee Required
L,		City & State			6. Election Campaign Financing	\$5.00 May Be
23		28	Count.		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country		8. This corporation owes the current year to	rangible ☐Yes ☑No
24	25		30		Personal Property Tax. 10. Name and Address of New Registered	
9. Name and Address of Current Registered Agent 81 Name					TO. Haine and Address of Non Regions of	
ALVAREZ, CLAUDIO						
3448 NORTHWEST 68TH ROAD			82	Street Addre	ess (P.O. Box Number is Not Acceptable)	
GAINESVILLE FL 32653			83			
	201122 12 02000					
			84	City	FI	85 Zip Code
Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, to office or registered agent, or both, in the State of Florida. Such cange was authority.				named como		f changing its registered
office or re agent. I ar	egistered agent, or both, in the State on familiar with, and accept the obligation	f Florida. Such change was autons of, Section 607.0505, Flori	thorized by da Statutes	the corporation	n's board of directors. I hereby accept the appo	pintment as registered
SIGNATURE		<u>.</u>				
Signature, typed or printed name of registered agent and title if applicable. (NOTE: R				t signature required	when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	ND DIPECTORS IN 12
12.	OFFICERS AND	DELETE	13.		ADDITIONS/CHANGES TO OFFICERS A	Change Addition
TITLE	P ALVADEZ OLAHDIO	□ DECE IE				
NAME	ALVAREZ, CLAUDIO		1.2 NAME			
STREET ADDRESS	3448 NORTHWEST 68TH ROAD			ADDRESS		•
CITY-ST-ZIP			1.4 CITY-S	T-ZIP		Change Addition
TITLE	VP	-				
NAME	STOP ANAL ACAD DOAD		2.2 NAME			
STREET ADDRESS			2.3 STREET	i i	• • • • • • • • • • • • • • • • • • • •	•
CITY-ST-ZIP			2. 4 CITY- S 3.1 TITLE	11-2119		Change Addition
TITLE	O ALVADEZ ALICIA M	— · · · · · · · · · · · · · · ·				<i>-</i> ,
NAME	ALVAREZ, ALICIA M 3448 NW 68TH RD		3.2 NAME 3.3 STREET	r ADDOESE		
STREET ADDRESS				1		
CITY-ST-ZIP	GAINESVILLE FE 32055	☐ DELETE	3.4. CITY-S 4.1 TITLE	ы-др		☐ Change ☐ Addition
TITLE			4, 2 NAME			
NAME				T ADDRESS		
STREET ADDRESS			4.4 CITY-S			
CITY-ST-ZIP		☐ DELETE	5.1 TITLE	1-ZIP		☐ Change ☐ Addition
TITLE	_		5.2 NAME			
NAME CONTENT ADDRESS			5.3 STREET	ADDRESS		İ
STREET ADDRESS			5.4 CITY-S			
CITY-ST-ZIP		DELETE	6.1 TITLE			☐ Change ☐ Addition
			6.2 NAME			_ ,
NAME				T ADDRESS		

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 suppliemental 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 of the receiver of 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 changes for an adjacon of the receiver of trustee empowered.

6.4 CITY-\$T-ZIP

SIGNATURE:

CITY-ST-ZIP