

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

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 13 AM 11:20

DOCUMENT # 243986 (7)

1. Corporation Name

TALISMAN SUGAR CORPORATION

Principal Place of Business

Mailing Address

U.S. HWY. 27, 16 MILES S. OF SOUTH BAY  
POST OFFICE BOX 814  
BELLE GLADE FL 33430

U.S. HWY. 27, 16 MILES S. OF SOUTH BAY  
POST OFFICE BOX 814  
BELLE GLADE FL 33430

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/21/1961

3a. Date of Last Report

02/15/1994

4. FEI Number

59-0935992

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PUJALS, GUSTAVO J.  
HWY 27, 16 MILES SO. OF SOUTH BAY  
P O BOX 814  
BELLE GLADE FL 33430

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, typed or printed name of registered agent and Florida address

(NOTE: Registered Agent signature required when re-electing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE VD  
NAME CERVERA, MIGUEL B  
STREET ADDRESS 4820 ORDUNA DRIVE  
CITY-ST-ZIP CORAL GABLES, FL 00000

11 TITLE  Change  Addition  
12 NAME  
13 STREET ADDRESS  
14 CITY-ST-ZIP

TITLE T  
NAME VEITES, JOSE  
STREET ADDRESS 3601 SW 121 AVE  
CITY-ST-ZIP MIAMI, FL 00000

21 TITLE  Change  Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY-ST-ZIP

TITLE S  
NAME ANDERSON, R.A.  
STREET ADDRESS 1650 PRUDENTIAL DRIVE  
CITY-ST-ZIP JACKSONVILLE FL

31 TITLE  Change  Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

TITLE D  
NAME BROWNLIE, E. C.  
STREET ADDRESS 1650 PRUDENTIAL DRIVE  
CITY-ST-ZIP JACKSONVILLE, 00000 FL 32207

41 TITLE  Change  Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

TITLE PD  
NAME THORNTON, W L  
STREET ADDRESS 1650 PRUDENTIAL DRIVE  
CITY-ST-ZIP JACKSONVILLE FL

51 TITLE  Change  Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

TITLE VD  
NAME NEDLEY R. E.  
STREET ADDRESS 1650 PRUDENTIAL DRIVE  
CITY-ST-ZIP JACKSONVILLE, FL 00000

61 TITLE  Change  Addition  
62 NAME  
63 STREET ADDRESS  
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)(b), Florida Statutes. I further certify that the information indicated on the financial 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 the report is an attachment with an address.

SIGNATURE:

*Jose Veites*  
SIGNATURE AND PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

Jose Veites, Treasurer

February 7, 1995 (407) 966-0572

Additional Officers:

Title           D  
Name            S. D. Fraser  
Address         1650 Prudential Drive  
City-St-Zip     Jacksonville, FL 32207

Title           D  
Name            T. S. Caldewey  
Address         1650 Prudential Drive  
City-St-Zip     Jacksonville, FL 32207