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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **298958** **(0)**

1. Corporation Name
DON GREENE POULTRY, INC.

Principal Place of Business	Mailing Address
12701 NW 38 AVE PO BOX 541555 OPA LOCKA FL 33054	12701 NW 38 AVE PO BOX 541555 OPA LOCKA FL 33054 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **11/19/1965**
3a. Date of Last Report: **03/03/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: **59-1108006** ☐ 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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GREENE, STEPHEN
12701 NW 38 AVE
OPA LOCKA FL 33054

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 _____ DATE
Signature, type 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	V	11 TITLE	☐ Change ☐ Addition
NAME	LOPEZ, JUAN	12 NAME	
STREET ADDRESS	6638 NW 177 TERR	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	CULLEN, JOHN	22 NAME	
STREET ADDRESS	12871 S.W. 9 PL.	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 0	24 CITY-ST-ZIP	
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	GREENE, JEFFREY A	32 NAME	
STREET ADDRESS	3575 BATTERSEA RD	33 STREET ADDRESS	
CITY-ST-ZIP	COCONUT GROVE FL	34 CITY-ST-ZIP	
TITLE	PTS	41 TITLE	☐ Change ☐ Addition
NAME	GREENE, STEPHEN	42 NAME	
STREET ADDRESS	3575 BATTERSIA RD	43 STREET ADDRESS	
CITY-ST-ZIP	COCONUT GROVE FL	44 CITY-ST-ZIP	
TITLE	V	51 TITLE	☐ Change ☐ Addition
NAME	REISMAN, STUART	52 NAME	
STREET ADDRESS	13940 SW 102 AVE	53 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	54 CITY-ST-ZIP	
TITLE	V	61 TITLE	☐ Change ☐ Addition
NAME	COLON, MARIA	62 NAME	
STREET ADDRESS	2501 BRICKELL AVE #1002	63 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	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: Maria Colon MARIA COLON 4-27-95 3056870000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0424726 FP