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Jul 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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**

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (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. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	LOPEZ, JUAN		1.2 NAME	
STREET ADDRESS	2847 SW 177 AVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL		1.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	CULLEN, JOHN		2.2 NAME	
STREET ADDRESS	12871 S.W. 9 PL.		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 0		2.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	GREENE, JEFFREY A		3.2 NAME	
STREET ADDRESS	3575 BATTERSEA RD		3.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT GROVE FL		3.4 CITY-ST-ZIP	
TITLE	PTS	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	GREENE, STEPHEN		4.2 NAME	
STREET ADDRESS	3575 BATTERSIA RD		4.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT GROVE FL		4.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	REISMAN, STUART		5.2 NAME	
STREET ADDRESS	13940 SW 102 AVE		5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP	
TITLE	V	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	COLON, MARIA		6.2 NAME	
STREET ADDRESS	4420 TOLEDO ST		6.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL		6.4 CITY-ST-ZIP	

CR2E034 (10/97)

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 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 _____