

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/94: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 30 AM 9:45

DOCUMENT # P92000002328 (2)

1. Corporation Name
SOUTHERN TROPICAL PRODUCE, INC.

Principal Place of Business Mailing Address
1900 WEST ATLANTIC BOULEVARD **POST OFFICE BOX 10806**
SUITE 303 **SUITE 303**
POMPANO BEACH FL 33060 **POMPANO BEACH FL 33061**
US **US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/05/1992	3a. Date of Last Report 08/08/1994
4. FEI Number 65-0368100	Applied Fee Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Tax Exempt (through Federal or State Law) <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Has corporation assumed liability for interstate tax under 1091(b)(2) Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Address	2a. Mailing Address
21. Suite, Apt. #, etc.	26. 8239 SW 1 MANOR
22. City & State	27. City & State
23. Coral Springs FL	28. Coral Springs FL
24. Zip	29. 33071
25. Country	30. USA

9. Name and Address of Current Registered Agent THRER, MARTIN P.A. 2717 W CYPRESS CREEK ROAD FT LAUDERDALE FL 33309	10. Name and Address of New Registered Agent
61. Name	
62. Street Address (P.O. Box Number is Not Acceptable)	
63.	
64. City	65. Zip Code
	FL

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 _____ (Agent) _____ (Registered Agent) _____ (Secretary)

12. OFFICERS AND DIRECTORS		13. AGENTS AND COMMITTEES TO FILE RETURNS AND OTHER DOCUMENTS	
TITLE	D	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDBERG, ALAN	2. NAME	
STREET ADDRESS	2501 RIVERSIDE DRIVE, SUITE 303	3. STREET ADDRESS	
CITY, ST. ZIP	CORAL SPRINGS FL 33065	4. CITY, ST. ZIP	
TITLE	P	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	 DIAZ, MICHAEL	6. NAME	
STREET ADDRESS	8239 S.W. 1 MANOR	7. STREET ADDRESS	
CITY, ST. ZIP	CORAL SPRINGS FL 33071	8. CITY, ST. ZIP	
TITLE		9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY, ST. ZIP		12. CITY, ST. ZIP	
TITLE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY, ST. ZIP		16. CITY, ST. ZIP	
TITLE		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY, ST. ZIP		20. CITY, ST. ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(b), Florida Statutes. I further certify that the information submitted 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 or assignee of the corporation as required by Chapter 407, Florida Statutes, and that my name appears on Block 12 or Block 13 of this filing, or on an attachment with an address.

SIGNATURE: *Alan Goldberg* **ALAN GOLDBERG,** 7/26/95 (305) 953-0276
 SECRETARY AND OFFICER OR DIRECTOR

CR2E034 (3/95)