

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
 AMOUNT DUE ON OR BEFORE 8/8/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
 Saraeva B. Morham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS
 95 AUG -8 AM

DOCUMENT # P93000068330 (8)

1. Corporation Name

FRESH CUT PROPERTY MANAGEMENT SERVICES, INC.

Principal Place of Business

26000 S.W. 133RD COURT
 MIAMI FL 33032

Mailing Address

26000 S.W. 133RD COURT
 MIAMI FL 33032

DO NOT WRITE IN THIS SPACE.

| | | | | | |
|--------------------------------|--|--------------------------------|--|--|-------------------------|
| 2. Principal Place of Business | | 2s. Mailing Address | | 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| 21 9320 Nautilus Dr | | 26 9320 NAUTILUS DR (NAUTILUS) | | 09/23/1993 | 08/11/1994 |
| 22 Suite, Apt. #, etc. | | 27 Suite, Apt. #, etc. | | 4. FEI Number | Applied For |
| 23 MIAMI FL | | 28 MIAMI FL | | 65-0438166 | Not Applicable |
| 24 33189 | | 25 Dade | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 26 33189 | | 27 Dade | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 28 33189 | | 29 Dade | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | | | | | | |
|---|--|--|--|---|-------------------|-------|-------|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| CAPELLAN, DANIA 2600 SW 133RD CT MIAMI FL 33032 | | | | 81 Name | Guszczo, Steve P. | | |
| | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | 9320 Nautilus Dr | | |
| | | | | 83 | | | |
| | | | | 84 City | MIAMI | 85 FL | 33189 |

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 Guszczo Steve - PO X Steve Brooks 7/31/95
Signature, typed or printed name of registered agent and his or her address (NOTE: Registered Agent signature required when changing) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|----------------------|---|--|
| TITLE | PD | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CAPELLAN, DANIA | 12 NAME | Guszczo, Steve |
| STREET ADDRESS | 26000 SW 133RD CT. | 13 STREET ADDRESS | 9320 Nautilus Dr. |
| CITY - ST - ZIP | MIAMI FL | 14 CITY - ST - ZIP | MIAMI, FL 33189 |
| TITLE | VD | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | BROOKINS, FRANKIE | 22 NAME | Brookins, Frankie |
| STREET ADDRESS | 26000 S.W. 133RD CT. | 23 STREET ADDRESS | 9320 Nautilus Dr |
| CITY - ST - ZIP | MIAMI FL | 24 CITY - ST - ZIP | MIAMI, FL 33189 |
| TITLE | | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 32 NAME | |
| STREET ADDRESS | | 33 STREET ADDRESS | |
| CITY - ST - ZIP | | 34 CITY - ST - ZIP | |
| TITLE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | |
| CITY - ST - ZIP | | 44 CITY - ST - ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY - ST - ZIP | | 54 CITY - ST - ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY - ST - ZIP | | 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 110.07(3)(k), 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: Frankie Brookins Frankie Brookins 7/31/95 253-0853
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE TELEPHONE #

X Steve P. Guszczo STEVE P. GUSZCZO 7/31/95 253-0853

CR2E034 (3/95)