

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

PROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # P95000092625 (9)**

1. Corporation Name  
**GROWERS EXPRESS, INC.**



Principal Place of Business: **8416 N.W. 17TH STREET MIAMI FL 33126**  
Mailing Address: **8416 N.W. 17TH STREET MIAMI FL 33126**

3. Date Incorporated or Qualified: **12/04/1995**  
3a. Date of Last Report: **12/04/1995**  
4. FEI Number: **65-0645113**  
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: **21**  
2a. Mailing Address: **26**  
Suite, Apt. #, etc.: **22**  
City & State: **23**  
Zip: **24** Country: **25**  
Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent  
**SABOGAL, DANIEL**  
**8416 N.W. 17TH STREET**  
**MIAMI FL 33126**

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: *Daniel Sabogal* DATE: **5/02/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	<b>PO</b> <input type="checkbox"/> DELETE	1. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PERLEES, LEWIS L</b>	2. NAME
STREET ADDRESS	<b>19355 N.E. 36TH CT., APT. 17-C</b>	13. STREET ADDRESS
CITY-ST-ZIP	<b>NORTH MIAMI BEACH FL 33180</b>	14. CITY-ST-ZIP
TITLE	<b>VSD</b> <input type="checkbox"/> DELETE	2. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SABOGAL, DANIEL</b>	22. NAME
STREET ADDRESS	<b>8416 N.W. 17TH STREET</b>	23. STREET ADDRESS
CITY-ST-ZIP	<b>MIAMI FL 33126</b>	24. CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	3. 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	<input type="checkbox"/> DELETE	4. 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	<input type="checkbox"/> DELETE	5. 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	<input type="checkbox"/> DELETE	6. TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME
STREET ADDRESS		63. STREET ADDRESS
CITY-ST-ZIP		64. CITY-ST-ZIP

**900001841209**  
**-05/28/96--01045--008**  
**\*\*\*225.00**  
*5-08-96 JA*

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)(g), 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: *Daniel Sabogal* DATE: **5/02/96** **305-593-8334**

CR2E034 (12/95)