

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

**Apr 21 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 # P97000042428 (7)
1. Corporation Name
BEST FRUITS & SHIPPING CO.



Principal Place of Business
**12765 SOUTH WEST 8TH LANE
MIAMI FL 33182**

Mailing Address
**12765 SOUTH WEST 8TH LANE
MIAMI FL 33182**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 **5825 SW 45 TERR**
Suite, Apt. #, etc.
22
23 **MIAMI FLA**
City & State
24 **33155** Zip
25 **USA** Country

2a. Mailing Address
26 **SAME**
Suite, Apt. #, etc.
27
28 **MIAMI FLA**
City & State
29 **33155** Zip
30 **USA** Country

3. Date Incorporated or Qualified
05/13/1997

4. FEI Number
65-0756323 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

**SAENZ, JAVIER
12765 SOUTH WEST 8TH LANE
MIAMI FL 33182**

10. Name and Address of New Registered Agent

81 Name **NORA Villegas**

82 Street Address (P.O. Box Number is Not Acceptable)
5825 SW 45 TERR

83

84 City **MIAMI** FL 85 Zip Code **33155**

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 *Nora Villegas* **NORA Villegas**

4/15/98

12. OFFICERS AND DIRECTORS (Delete the name of any officer or director who is not applicable.) (NOTE: Registered Agent signature required when reinstating.)

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	VILLEGAS, FRANCISCO J	
STREET ADDRESS	5825 S.W. 45TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SANEZ, JAVIER	
STREET ADDRESS	12765 S.W. 8TH LANE	
CITY-ST-ZIP	MIAMI FL 33182	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: *[Signature]* **DIA** **4/15/98** **3056670258**

CR2E034 (10/97)