

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

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
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**APPROVED
AND
FILED**

DOCUMENT # S89118 (1)

1. Corporation Name
TROY FRESH COMMODITIES, INC.

95 MAY -1 AM 7:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1800 ELLER DRIVE SUITE 410, PORT EVERGLADES FT. LAUDERDALE FL 33316-5104 US	P.O. BOX 165104 FT. LAUDERDALE FL 33316-5104

DO NOT WRITE IN THIS SPACE

2 Principal Place of Business	2a. Mailing Address
21 Suite Apt. #, etc.	26 Suite Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

3. Date Incorporated or Qualified 10/23/1991	3a. Date of Last Report 05/01/1994
4. FEI Number 65-0295847	Approved For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has authority for management under the Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CORPORATION COMPANY OF MIAMI
201 S. BISCAYNE BLVD.
1600 MIAMI CENTER
MIAMI FL 33131**

10. Name and Address of New Registered Agent

B1 Name	B5 Zip Code
B2 Street Address (P.O. Box Number is Not Acceptable)	FL
B3	
B4 City	

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: *[Signature]*
 Title of registered agent in this jurisdiction: _____
 Title of registered agent in jurisdiction of other state: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/D	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POLICASTRO, ANTONIO B	12 NAME	
STREET ADDRESS	1800 ELLER DR STE 410	13 STREET ADDRESS	
CITY, ST, ZIP	FT. LAUDERDALE FL 33316-5104	14 CITY, ST, ZIP	
TITLE		15 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		16 NAME	
STREET ADDRESS		17 STREET ADDRESS	
CITY, ST, ZIP		18 CITY, ST, ZIP	
TITLE		19 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		20 NAME	
STREET ADDRESS		21 STREET ADDRESS	
CITY, ST, ZIP		22 CITY, ST, ZIP	
TITLE		23 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		24 NAME	
STREET ADDRESS		25 STREET ADDRESS	
CITY, ST, ZIP		26 CITY, ST, ZIP	
TITLE		27 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		28 NAME	
STREET ADDRESS		29 STREET ADDRESS	
CITY, ST, ZIP		30 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is substantially accurate and does not qualify for the exemption stated in Section 110.02(1)(b), 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. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 1007, Florida Statutes, and that my name appears in Block 12 of Block 13 of this report, or on an attachment with an address.

SIGNATURE: *[Signature]* **ANTONIO POLICASTRO** 4/27/95 (305) 748 3699
 TITLE: _____