SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 13 AM 8:21

DOCUMENT # **166491** **(1)**

1. Corporation Name

TROPICANA FRUIT SHIPPERS INC

Principal Place of Business	Mailing Address
20335 W. COUNTRY CLUB DR #608 P.O. BOX 630506, MIAMI, FL 33163 N. MIAMI BEACH FL 33180	20335 W. COUNTRY CLUB DR #608 P.O. BOX 630506, MIAMI, FL 33163 N. MIAMI BEACH FL 33180

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/01/1951**
3a. Date of Last Report: **03/07/1994**
4. FEI Number: **59-0662057** ☐ 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	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

RUBIN, VIVIENNE A.
20335 W COUNTRY CLUB DR
SUITE 608
N MIAMI BEACH FL 33180

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL OFFICERS		
TITLE	S	11 TITLE	S	☒ Change ☐ Addition
NAME	WASSER, MAYME	12 NAME	LYNNE RUBIN #611	
STREET ADDRESS	2371 COLLINS AVE.	13 STREET ADDRESS	1470 NE 123 rd ST	
CITY ST ZIP	MIAMI BEACH FL	14 CITY ST ZIP	N. MIAMI FLA.	
TITLE	PT	21 TITLE		☐ Change ☐ Addition
NAME	RUBIN, VIVIENNE A.	22 NAME		
STREET ADDRESS	20335 W COUNTRY CLUB 608	23 STREET ADDRESS		
CITY ST ZIP	MIAMI, BEACH, FL	24 CITY ST ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

CR2E034 (3/95)

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)(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: Vivienne A Rubin 6/10 305-932-1655
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0145373 FP