FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

FILED
95 MAR 23 PM 12:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 241803

1. Corporation Name

Carnival Fruit Company, Inc.

400001439594
-03/24/95--01104--020
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business: 475 N.E. 185th, N. Miami Beach, Fl. 33179

Mailing Address: 8801 Exchange Dr., Orlando, FL 32809

3. Date Incorporated or Qualified: 12/18/60

3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 475 N.E. 185th	26 8801 Exchange Dr
22 Suite, Apt #, etc	27 Suite, Apt #, etc
23 City & State: N. Miami Beach, FL	28 City & State: Orlando, FL
24 Zip: 33179 / 25 Country	29 Zip: 32809 / 30 Country

4. FEI Number: 59-0912477 ☐ 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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name: Warda S. Evans

82 Street Address (P.O. Box Number is Not Acceptable): 8801 Exchange Dr.

83

84 City: Orlando FL 85 Zip Code: 32809

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: SEE ATTACHED STATEMENT

12. OFFICERS AND DIRECTORS

TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

(repeated six times, blank)

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

		Change	Addition
1 TITLE	D/P	☒	☐
1 NAME	Alan H. Spritz		
1 STREET ADDRESS	475 N.E. 185th		
1 CITY ST ZIP	N. Miami Beach, Fl 33179		
2 TITLE	S/T	☒	☐
2 NAME	Wanda S. Evans		
2 STREET ADDRESS	8801 Exchange Dr.		
2 CITY ST ZIP	Orlando, FL 32809		
3 TITLE	Asst. Sec.	☒	☐
3 NAME	Bernadette M. Kruk		
3 STREET ADDRESS	16803 Dallas Parkway, #1250		
3 CITY ST ZIP	Dallas, TX 75248		
4 TITLE		☐	☐
4 NAME			
4 STREET ADDRESS			
4 CITY ST ZIP			
5 TITLE		☐	☐
5 NAME			
5 STREET ADDRESS			
5 CITY ST ZIP			
6 TITLE		☐	☐
6 NAME			
6 STREET ADDRESS			
6 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 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: Bernadette M. Kruk Bernadette M. Kruk 3/14/95 214-387-2394

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR