


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

FILED

May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 241803 1. Corporation Name CARNIVAL FRUIT COMPANY			
Principal Place of Business 475 N.E. 185TH STREET N. MIAMI BEACH, FL 33179		Mailing Address c/o BERNADETTE KRUK 4721 SIMONTON RD DALLAS, TX 75244	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	25	59-0912477	3/15/1994
22	26	4. FEI Number	Applied For
23	27	5. Certificate of Status Desired	Not Applicable
24	28	6. Election Campaign Financing Trust Fund Contribution	\$8.75 Additional Fee Required
25	29	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	\$5.00 May Be Added to Fees
26	30	8. Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
EVANS, WANDA c/o RED'S MARKET, INC. 8801 EXCHANGE DR. ORLANDO, FL. 32809		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	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME JAY MOORE <input type="checkbox"/> DELETE		13.1 TITLE DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12.2 NAME JAY MOORE <input type="checkbox"/> DELETE		13.2 NAME JAY MOORE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12.3 STREET ADDRESS JAY MOORE <input type="checkbox"/> DELETE		13.3 STREET ADDRESS 5949 SOUTH EASTERN <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12.4 CITY-STATE-ZIP JAY MOORE <input type="checkbox"/> DELETE		13.4 CITY-STATE-ZIP LOS ANGELES CA 90040 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12.5 NAME JAY MOORE <input type="checkbox"/> DELETE		13.5 TITLE DIRECTOR & PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12.6 NAME JAY MOORE <input type="checkbox"/> DELETE		13.6 NAME ALAN SPRITE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12.7 STREET ADDRESS JAY MOORE <input type="checkbox"/> DELETE		13.7 STREET ADDRESS 475 N.E. 185TH ST. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12.8 CITY-STATE-ZIP JAY MOORE <input type="checkbox"/> DELETE		13.8 CITY-STATE-ZIP N. MIAMI BEACH, FL. 33179 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12.9 NAME JAY MOORE <input type="checkbox"/> DELETE		13.9 TITLE DIRECTOR & AS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12.10 NAME JAY MOORE <input type="checkbox"/> DELETE		13.10 NAME BRIAN STURGEON <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12.11 STREET ADDRESS JAY MOORE <input type="checkbox"/> DELETE		13.11 STREET ADDRESS 4721 SIMONTON RD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12.12 CITY-STATE-ZIP JAY MOORE <input type="checkbox"/> DELETE		13.12 CITY-STATE-ZIP DALLAS, TX 75244 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12.13 NAME JAY MOORE <input type="checkbox"/> DELETE		13.13 TITLE SEC. & TREAS. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12.14 NAME JAY MOORE <input type="checkbox"/> DELETE		13.14 NAME WANDA S. EVANS <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12.15 STREET ADDRESS JAY MOORE <input type="checkbox"/> DELETE		13.15 STREET ADDRESS 8801 EXCHANGE DR. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12.16 CITY-STATE-ZIP JAY MOORE <input type="checkbox"/> DELETE		13.16 CITY-STATE-ZIP ORLANDO, FL 32809 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12.17 NAME JAY MOORE <input type="checkbox"/> DELETE		13.17 TITLE ASS. SEC. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12.18 NAME JAY MOORE <input type="checkbox"/> DELETE		13.18 NAME BERNADETTE M. KRUK <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12.19 STREET ADDRESS JAY MOORE <input type="checkbox"/> DELETE		13.19 STREET ADDRESS 4721 SIMONTON RD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
12.20 CITY-STATE-ZIP JAY MOORE <input type="checkbox"/> DELETE		13.20 CITY-STATE-ZIP DALLAS, TX 75244 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
14. I, the undersigned, 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.		300002182413 -05/19/97--01014--029 ***165.00	
SIGNATURE: Bernadette M. Kruk SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: 4/24/97 Daytime Phone: 972-687-8282	

CR2E034 (9/96)