

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

FILED
Mar 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **267518** (9)
1. Corporation Name
KEY PRODUCE SALES, INC.

Principal Place of Business	Mailing Address
P.O. BOX 145160 MIAMI FL 33114-5160	P.O. BOX 145160 MIAMI FL 33114-5160

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/27/1963

2. Principal Place of Business
800 Douglas Entrance-North Tower

21 Suite, Apt. #, etc.
12th Floor

22 City & State
Coral Gables FL 33134

23 Zip
33134

24 Country
FL

25 Name and Address of Current Registered Agent
**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	DPT GISLER, STEVE A
STREET ADDRESS	800 DOUGLAS ROAD
CITY - ST - ZIP	CORAL GABLES FL 33134
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	DVS SCHURR, ARNOLD D
STREET ADDRESS	800 DOUGLAS ROAD
CITY - ST - ZIP	CORAL GABLES FL 33134
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D ROSA, JANICE P
STREET ADDRESS	800 DOUGLAS ROAD
CITY - ST - ZIP	CORAL GABLES FL 33134
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	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	D, P Hani El-Naffy
1.3 STREET ADDRESS	800 Douglas Entrance-North Tower, 12th Floor
1.4 CITY - ST - ZIP	Coral Gables FL 33134
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	D, V John F. Inserra
2.3 STREET ADDRESS	800 Douglas Entrance-North Tower, 12th Floor
2.4 CITY - ST - ZIP	Coral Gables FL 33134
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	D, V M. Bryce Edmonson
3.3 STREET ADDRESS	800 Douglas Entrance-North Tower, 12th Floor
3.4 CITY - ST - ZIP	Coral Gables FL 33134
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	S Bradley D. Hornbacher
4.3 STREET ADDRESS	800 Douglas Entrance-North Tower, 12th Floor
4.4 CITY - ST - ZIP	Coral Gables FL 33134
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	T Peter M. Thompson
5.3 STREET ADDRESS	800 Douglas Entrance-North Tower, 12th Floor
5.4 CITY - ST - ZIP	Coral Gables FL 33134
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 registered agent or true and 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: **Peter M. Thompson, Treasurer**

3-9-98

CR2E034 (10/97)