

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

FILED
Apr 11 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 # 429881
 1. Corporation Name
OKUN Produce International, Inc.

Principal Place of Business Mailing Address
3301 NW 125 St. 3301 NW 125 Street
Mia, FL 33167 Mia, FL 33167

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 State, Apt. #, etc.	26 Suite, Apt. #, etc.	7/5/1973	05/1/1995
22 City & State	27 City & State	4. FEI Number	Applied For
23 Zip	28 Zip	59-1469638	Not Applicable
24 Country	29 Country	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
	30 Country	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
81 Name Sternlieb, Henry	81 Name Sutherland, Allan C.
82 Street Address (P.O. Box Number is Not Acceptable) 3301 NW 125 Street	82 Street Address (P.O. Box Number is Not Acceptable) 3301 NW 125 Street
83	83
84 City Miami	84 City Miami
	85 Zip Code FL 33167

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: *Alan C. Sutherland* *Allan C. Sutherland* DATE: **4/7/97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	STERNLIEB, EDWARD	1.2 NAME	SUTHERLAND, ALLAN C.
1.3 STREET ADDRESS	3088 BELKDALE	1.3 STREET ADDRESS	3301 NW 125 ST.
1.4 CITY-ST-ZIP	MIAMI, FLORIDA	1.4 CITY-ST-ZIP	MIAMI, FLORIDA
2.1 TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	STERNLIEB, HENRY	2.2 NAME	S ALVARADO, DONALD G.
2.3 STREET ADDRESS	6608 MAYNADA ST.	2.3 STREET ADDRESS	4700 S. BOYLE AVE.
2.4 CITY-ST-ZIP	CORAL GABLES, FLORIDA	2.4 CITY-ST-ZIP	VERNON, PA.
3.1 TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SUTHERLAND, ALLAN C.	3.2 NAME	
3.3 STREET ADDRESS	3301 NW 125 ST.	3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	MIAMI, FLORIDA	3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		4.2 NAME	
4.3 STREET ADDRESS		4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP		4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		5.2 NAME	
5.3 STREET ADDRESS		5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP		5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		6.2 NAME	
6.3 STREET ADDRESS		6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 is collected 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 in an attachment with an address.

SIGNATURE: *Alan C. Sutherland* DATE: **3/4/97** DAYTIME #1 ONE # **305-688-5851**

CR2E034 (9/96)