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PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPAREMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # 42988 |
1. Corporation Name

OKUN Produce International, Inc.

| FILED              |
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| Apr 11 1997 8:00am |
| Secretary of State |

JW-66V-V6V7
Daytime Pt one #

| Pancinal Play   | ce of Business   | Mai   | ing Addre          | SS   |   |  |   |  |  |                             |  |
|---|--|---|--------------------|--|---|--|---|--|--|-----------------------------|--|
|   | NW 125 st.   |   | *                  |  |   | street   | Ĺ   |  |  |                             |  |
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| Nia, F  | ( 33167  | <b>,</b>  | lia,               | FL   | 3516  | 57   | 3. Date Inc   | orporated or Qualified                                     | 3a. Da                                 | ate of Last                 | Report                                 |
| 2. Principal F  | Place of Business  | 2a. I   | Mailing Ad         | dress  |   |  | 4. FEI Nur  | - • ·  | ······································ | A                           | pplied For                             |
| ]   |  | 26  |                    |  |   |  | 59-   | 1469638  |  |                             | tot Applicabl                          |
| – Suite Abr<br>Ti   | # elc.   | <u>├</u> -  | Suite, Apt         | #, etc.  |   |  | 5. Certifica  | e of Status Desired  |  |                             | Additional                             |
| City & Stat   |  | 27  | City & Stat        | ^  |   |  |   |  |  |                             | lequired                               |
| 3   | 0.0  | 28  | City of Diat       | ·  |   |  |   | Campaign Financing<br>ad Contribution                      | $\Box$                                 |                             | ) May Be<br>I to Fees                  |
| Zip   | Country  |   | Zip                |  | Cou   | untry  |   | oration has liability for                                  | intangible                             |                             |  |
| 4   | 25   | 29  |                    |  | 30  |  | Florida S   |  |  | ] No                        |  |
|   | 9. Name and Address of C   | Current Registe   | ered Agen          | t  |   |  | 10. Name a  | nd Address of New R  | egistered .                            | Agent .                     |  |
| <u></u>   | i. 1 U   | i   |                    |  |   | 81 Name  | itherlai  | A A11  |  | ()                          |  |
| >te   | rnlieb, Henry<br>NW 125 St   | .1  |                    |  |   |  | Address (P.O. Box N   | lumber is Not Accepta                                      | ble)                                   | .7                          |  |
| 3301  | NW 135 St  | reet  |                    |  |   | 83   | 01 n m  | 135 5  | Tree                                   | A ·                         |  |
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| Mia   | mi, Fl 33167   |   |                    |  |   | 84 City  | 0:000   |  | FL                                     |                             | Code                                   |
| 44 Dure var t   | to the provinces of Sections of  | 37 0502 and 60  | 7 1508 FIG         | vida Statu   | les the s   | bove-named   | Corporation submits   | this statement for the                                     | PLUMPOSA O                             | changing                    | 3/67                                   |
| all ce or   | to the provisions of Sections 66 registered agent, or both, in the am familiar with and accept the   | State of Florida  | . Such ch          | ange was   | authorize   | ed by the corp   | oration's board of c  | irectors. I hereby acce                                    | pt the app                             | ointment a                  | s registered                           |
|   |  | ⊵obligations of   | Section 60         | )7.0505, F   | orida Sta   | itutes.  |   |  | ماساء                                  | _                           |  |
| agentia   | an tame ar with and accept the   | 77.   | 0                  | 1  | 1144  | ( \ \  |   |  |  |                             |  |
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