

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

FILED

Apr 11 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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DOCUMENT # 429881

1. Corporation Name

OKUN Produce International, Inc.

Principal Place of Business

Mailing Address

3301 NW 125 St.  
Mia, FL 33167

3301 NW 125 Street  
Mia, FL 33167

3. Date Incorporated or Qualified 7/5/1973	3a. Date of Last Report 05/1/1995
4. FEI Number 59-1469638	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Sternlieb, Henry  
3301 NW 125 Street  
Miami, FL 33167

81. Name Sutherland, Allan C.	85. Zip Code 33167
82. Street Address (P.O. Box Number is Not Acceptable) 3301 NW 125 Street	
83. City Miami	
84. State FL	

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: *Alvin C. Sutherland* DATE: 7/7/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME Sternlieb, Edward	<input type="checkbox"/> DELETE	1.1 TITLE V/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS 3088 Brickdale		1.2 NAME Sutherland, Allan C.	
3. CITY-STATE-ZIP Miami, Florida		1.3 STREET ADDRESS 3301 NW 125 St.	
4. NAME DC Sternlieb, Henry	<input type="checkbox"/> DELETE	1.4 CITY-STATE-ZIP Miami, Florida	
5. STREET ADDRESS 6608 Maynada St.		2.1 TITLE S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6. CITY-STATE-ZIP Coral Gables, Florida		2.2 NAME Alvarado, Donald G.	
7. NAME Sutherland, Allan C.	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS 4700 S. Boyle Ave.	
8. STREET ADDRESS 3301 NW 125 St.		2.4 CITY-STATE-ZIP Vernon, Pa.	
9. CITY-STATE-ZIP Miami, Florida		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	<input type="checkbox"/> DELETE	3.2 NAME	
11. STREET ADDRESS		3.3 STREET ADDRESS	
12. CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
13. NAME	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. STREET ADDRESS		4.2 NAME	
15. CITY-STATE-ZIP		4.3 STREET ADDRESS	
16. NAME	<input type="checkbox"/> DELETE	4.4 CITY-STATE-ZIP	
17. STREET ADDRESS		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. CITY-STATE-ZIP		5.2 NAME	
19. NAME	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
20. STREET ADDRESS		5.4 CITY-STATE-ZIP	
21. CITY-STATE-ZIP		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		6.2 NAME	
23. STREET ADDRESS		6.3 STREET ADDRESS	
24. CITY-STATE-ZIP		6.4 CITY-STATE-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 stated 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: *Alvin C. Sutherland* DATE: 3/4/97 DAYTIME PHONE #: 305-685-5851

CR2E034 (9/96)