FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
... -1 ... 3:57
... OF STATE
... FLORIDA

DOCUMENT # 457776 (3)

1. Corporation Name

SOROA GARDEN, INCORPORATED

Principal Place of Business	Mailing Address
866-868 E 41 STREET HIALEAH FL 33013	866-868 E 41 STREET HIALEAH FL 33013

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/05/1974
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1550404 — ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

MIEL, SILIA
6035 W. 8TH AVENUE
HIALEAH FL 33012

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1 TITLE	☐ Change ☐ Addition
NAME	MIEL, JULIAN, JR.	1 NAME	
STREET ADDRESS	6035 W. 8TH AVENUE	1 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL	1 CITY-ST-ZIP	
TITLE	SD	2 TITLE	☐ Change ☐ Addition
NAME	MIEL, SILIA	2 NAME	
STREET ADDRESS	6035 W. 8TH AVENUE	2 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL	2 CITY-ST-ZIP	
TITLE	T	3 TITLE	☐ Change ☐ Addition
NAME	MIEL, SILIA	3 NAME	
STREET ADDRESS	4655 E. 8TH LANE	3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL	3 CITY-ST-ZIP	
TITLE		4 TITLE	☐ Change ☐ Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	
TITLE		5 TITLE	☐ Change ☐ Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE		6 TITLE	☐ Change ☐ Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Silia Miel — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — SILIA MIEL

04-27-95
Date

0422840 FP

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FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED
FILED

...05

TALLAHASSEE, FLORIDA

DOCUMENT # **457812** **(6)**

1. Corporate Name
SUNSHINE FOOD SALES, INC.

Principal Place of Business	Mailing Address
25 S.W. SOUTH RIVER DRIVE MIAMI FL 33130	25 S.W. SOUTH RIVER DRIVE MIAMI FL 33130

3. Date Incorporated or Qualified: 09/09/1974
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1551403 — Applied For / Not Applicable
5. Certificate of Status Desired — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution — $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. ☑ Yes ☐ No — *INCLUDED IN CONS-ELIMINATED #59-*

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

9. **Name and Address of Current Registered Agent**

REISMAN, JOSEPH B.
2600 FIRST FEDERAL BUILDING
ONE SOUTHEAST THIRD AVENUE
MIAMI FL

10. **Name and Address of New Registered Agent** *0737364*

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	
TITLE	DP	TITLE	☐ Change ☐ Addition
NAME	FRISCH, BENJAMIN P	NAME	
STREET ADDRESS	1741 W BEAVER ST	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 0	CITY-ST-ZIP	
TITLE	DAS	TITLE	☐ Change ☐ Addition
NAME	SANCHEZ, CARLOS	NAME	
STREET ADDRESS	25 SW S RIVER DR	STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 0	CITY-ST-ZIP	
TITLE	~~ST~~	TITLE	*D S T* ☑ Change ☐ Addition
NAME	FRISCH, KARL E	NAME	
STREET ADDRESS	1741 W BEAVER ST	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 0	CITY-ST-ZIP	
TITLE	~~V~~	TITLE	*D V* ☑ Change ☐ Addition
NAME	FRISCH, ALFRED	NAME	
STREET ADDRESS	1741 W BEAVER ST	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 0	CITY-ST-ZIP	
TITLE	~~V~~	TITLE	*D V* ☑ Change ☐ Addition
NAME	FRISCH, HANS	NAME	
STREET ADDRESS	1741 W BEAVER ST	STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 0	CITY-ST-ZIP	
TITLE	~~P~~	TITLE	☑ Change ☐ Addition
NAME	~~FRISCH, BENJAMIN~~	NAME	*ELIMINATE*
STREET ADDRESS	~~1741 W BEAVER ST~~	STREET ADDRESS	
CITY-ST-ZIP	~~JACKSONVILLE, FL 0~~	CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(1)(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.

SIGNATURE: *[signature]* *HANS FRISCH* *4/21/95* *(904) 354-8533*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE

0127486 CP