

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 513235 (2)

1. Corporation Name
MASSAVE PRODUCE, INC.



Principal Place of Business
1300 S.W. FIRST CT.
P.O. BOX 697
POMPANO BCH. FL 33061

Mailing Address
ATT: A. GLYNN, 1300 S.W. FIRST CT.
P.O. BOX 697
POMPANO BEACH FL 33061

3. Date Incorporated or Qualified 08/27/1976	3a. Date of Last Report 10/16/1995
4. FEI Number 59-1694383	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

MASSAVE, GERALD
MASSAVE PRODUCE
1300 SW 1ST CT
POMPANO BEACH FL 33069

10. Name and Address of New Registered Agent

81. Name Robert T. Massave
82. Street Address (P.O. Box Number is Not Acceptable) 1260 Manor Drive South
83. City FT. LAUD.
84. State FL
85. Zip Code 33026

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 Robert T. Massave
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

11/18/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V	1.1 TITLE	
NAME	BIRARD, LOUIS	1.2 NAME	
STREET ADDRESS	1621 NEWPORT LANE	1.3 STREET ADDRESS	
CITY-STATE-ZIP	FT. LAUDERDALE FL	1.4 CITY-STATE-ZIP	
TITLE	S	2.1 TITLE	Secretary/Treasurer
NAME	MASSAVE, GERALD	2.2 NAME	Deborah Chea
STREET ADDRESS	2481 GINGER AVENUE	2.3 STREET ADDRESS	16350 Country Lakes Circle
CITY-STATE-ZIP	COCONUT CREEK FL	2.4 CITY-STATE-ZIP	Delray Beach, FL 33484
TITLE	AS	3.1 TITLE	
NAME	GASTINEAU, BETH	3.2 NAME	
STREET ADDRESS	2170 N.W. 40TH TERRACE	3.3 STREET ADDRESS	
CITY-STATE-ZIP	COCONUT CREEK FL	3.4 CITY-STATE-ZIP	
TITLE	PT	4.1 TITLE	
NAME	MASSAVE, ROBERT	4.2 NAME	
STREET ADDRESS	1260 MANOR DRIVE SOUTH	4.3 STREET ADDRESS	
CITY-STATE-ZIP	FT. LAUDERDALE FL	4.4 CITY-STATE-ZIP	
TITLE	V	5.1 TITLE	
NAME	LAFIOSCA, JOSEPH	5.2 NAME	
STREET ADDRESS	1120 SUSSEX DRIVE	5.3 STREET ADDRESS	
CITY-STATE-ZIP	N. LAUDERDALE FL	5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Time Phone #

CR2E034 (12/95)