

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

FILED

Jan 31 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 # 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 33061-0697



2. Principal Place of Business  
21 1260 MANOR DRIVE SOUTH  
Suite, Apt. #, etc.

2a. Mailing Address  
26 1260 MANOR DRIVE SOUTH  
Suite, Apt. #, etc.

22 City & State  
23 FT LAUDERDALE FLA  
24 33326 25 USA

27 City & State  
28 FT LAUDERDALE FLA  
29 33326 30 USA

3. Date Incorporated or Qualified 08/27/1976  
3a. Date of Last Report 01/25/1996

4. FEI Number 59-1694383  
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

9. Name and Address of Current Registered Agent

MASSAVE, ROBERT  
1260 MANOR DRIVE SOUTH  
FT. LAUDERDALE FL 33326

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <del>DELETE</del>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BIRARD, LOUIS	1.2 NAME	
STREET ADDRESS	1621 NEWPORT LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	ST <del>DELETE</del>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHEA, DEBORAH	2.2 NAME	
STREET ADDRESS	16350 COUNTRY LAKES CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	AS <del>DELETE</del>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GASTINEAU, BETH	3.2 NAME	
STREET ADDRESS	2170 N.W. 40TH TERRACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	PT <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MASSAVE, ROBERT	4.2 NAME	
STREET ADDRESS	1260 MANOR DRIVE SOUTH	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. LAUDERDALE FL 33326	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	V <del>DELETE</del>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAFIOSCA, JOSEPH	5.2 NAME	
STREET ADDRESS	1120 SUSSEX DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	N. LAUDERDALE FL	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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 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: Robert Massave President 1/26/97 305-9996069  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (9/96)