

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

017085

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 522286

1. Corporation Name

LA MANZANILLERA FOOD PROCESSING, INC.

Principal Place of Business

13091 PORT SAID ROAD, BAY 6
OPA LOCKA FL 33054

Mailing Address

13091 PORT SAID ROAD, BAY 6
OPA LOCKA FL 33054

FILED

99 JUL 26 AM 11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/09/1976

4. FEI Number

59-1708957

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be

Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83. City

FL

85. Zip Code

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

9. Name and Address of Current Registered Agent

MENENDEZ, JOSE D.
13091 PORT SAID RAD, BAY 6
OPA LOCKA FL 33054

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

PD
MENENDEZ, JOSE D
7430 W 14TH AVE
HIALEAH FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

T
MENENDEZ, JOSE D.
7430 W 14TH AVE
HIALEAH FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/9/99 <207>685-9347

CR2E034 (11/98)

July 7, 1999

ANNUAL REPORT FILINGS
Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

✓

To whom it may concern:

Please be advise that at no time I recall receiving the 1999 Profit Corporation Annual report prior to the second notice.

I would also like to emphasize that I have been hospitalized several times since I experienced a heart attack on December 3, 1998. On January 17, 1999, my wife had a massive stroke in which has left her blind and paralyzed. In mid January I went back into the hospital for a heart by-pass. I hope you understand all the medical problems I have been facing.

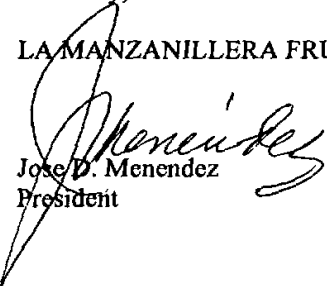
Please accept my apology for not responding sooner.

Enclosed is a check for \$150.00 for the 1999 Profit Corporation Annual report. If you wish for me to get in writing a Doctor's letter confirming the above please let me know.

Thanking g you in advance, I remain.

Sincerely,

LA MANZANILLERA FRUIT PROCESSING


Jose D. Menendez
President