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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # 688723 (6)

1. Corporation Name
SUNSHINE FOOD BROKERAGE, INC.

Principal Place of Business Mailing Address
8125 NW 53RD ST STE 104 MIAMI FL 33166 US **8125 N.W. 53RD STREET #104 MIAMI FL 33166**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **09/23/1980** 3a. Date of Last Report **04/22/1994**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	59-2028881	Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24 Country	29 Country	8. This corporation has liability for intangible tax under S. 199.002, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BLACK, ROBERT J 10275 COLLINS AVE APT NO. 1026 BAL HARBOUR FL 33154		81 Name	Robert Black
		82 Street Address (P.O. Box Number is Not Acceptable)	8125 NW 53 St., #104
		83	
		84 City	Miami
		85 Zip Code	FL 33166

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 resigning) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACK, ADAM S	1.2 NAME	Adam Black
STREET ADDRESS	10580 NW THIRD ST	1.3 STREET ADDRESS	640 Dolphin Rd.
CITY-ST-ZIP	PEMBROKE PINES FL	1.4 CITY-ST-ZIP	Winter Springs, FL 32708
TITLE	PD	2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACK, ROBERT J	2.2 NAME	Black, Robert J
STREET ADDRESS	10275 COLLINS AVE #1026	2.3 STREET ADDRESS	8125 NW 53 St., #104
CITY-ST-ZIP	BAL HARBOUR FL	2.4 CITY-ST-ZIP	Miami, FL 33166
TITLE	SD	3.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THURMAN, MAY L.	3.2 NAME	Jody Black
STREET ADDRESS	8440 MISSIONWOOD DR	3.3 STREET ADDRESS	10520 NW 10 St.
CITY-ST-ZIP	MIRAMAR, FL 00000	3.4 CITY-ST-ZIP	Plantation, FL 33322
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 as changed, or as in Block 13 with an address.

SIGNATURE: *[Signature]* **BLACK** DATE: **4/17/95** TELEPHONE: **305-591-8172**