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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

689219

DOCUMENT #
1. Corporation Name

NATIONAL FRUIT COMPANY, INC.

Principal Place of	Business	Mailing Address				
150 S.E. 3RD AVENUE P.O. BOX 190875 ROOM 307 MIAMI BEACH FL 33119			9-0875			
				3. Date Incorporated or Qualified 09/25/1980	3a. Date of Last Re 04/11/19	95
···		2a. Mailing Address 26 PO Box 4 Suite, Apt. #, etc.	546890	4. FH Namber 59-2438049	59-2438049 Not Applies	
City & State	_	27 City & State		Certificate of Status Desired     Blection Campaign Financing	Fee R	equired
3 MIA	<del></del>	28 SURFSTOE		Trust Fund Contribution	Added	May Be to Fees
<sup>Zip</sup> 33 /3	Country 25 9. Name and Address of Currel	29 <b>33154 - 68%</b> s	Country 30	8. This corporation has liability for if florion Statutes Yes  10. Name and Address of New R	□No	199.032,
	LO, PHILIP R 3RD AVE L 33131		81 Name 2 82 Street Ac 83 52 84 City M	DONSOLO PHELEP R Idress (P.O. Box Number is Not Acceptable SE JE AVE NEFE 1022 FAME FL		Code
or registered familiar with, SIGNATURE	agent, or both, in the State of Flori and accept the obligations of, Sec	ida. Such change was authorized tion 607.0505, Florida Statutes. <b>15040</b>	the above named corp by the corporation's bo Phelip O	oration sulvinite this statement for the pur pard of directors. I horeby accept the appo	pose of changing its re onthient as registered in 3-20-96	agent. I am
12. TIBLE NAME STREET ACORESS		D DIRECTORS	13. V 1 TILE 12 NAME 13 STREET ADDRESS 14 CUTY-S1 7/P	ADDITIONS/CHANGES TO OFF B CONSOLO, PHELEP R 25 SE 300 AVE # 103 MEAME, FL 33131	<b>X</b> Change	CR2E034 (12/95)
CITY-ST-ZIP THLE NAME STREET ADDRESS CITY-ST-ZIP	ST DAVIS, CAROL EISENBERG, CAROL MIAMI FL	☐ DELETE	2 1 THLE 22 NAME 23 STREET ADDRESS 24 CHY-SI-7P		Change	Addit on 5
TITLE NAME STREET ADDRESS CITY-S1-ZIP		. DELFIL	3 1 TILLE 3 2 NAME 3 3 STREET ADDRESS 3 4 CITY - S1 - ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS		□ DECETE	4 1 TITLE 4 2 NAME 4 3 STHEL! ACORESS 4 4 CITY - ST-ZIP		Change	Add-tion
CITY-ST-ZIP TITLE NAME STREET ADDRESS		DELETE	5 1 THUE 52 NAME 53 STREET ADDRESS		Change	Add tion
TITLE NAME STREET ADDRESS CITY-SI-ZIP		DELETE	5.4 CHY+SI+ZIP  6.1 THEE  6.2 NAME  6.3 STHEFT ADDRESS  6.4 CHY+SI+ZIP		Change	Addition
14. I do hereby o certify that the oath; that I a	ne information indicated on this ann	iual report or supplemental annual oration or the receiver or trustee c	ned and does not qualiful report is true and accumpowered to execute s.	y for the exemption stated in Section 119, irale and that my signature shall have the this report as required by Chapter 607, Flo	same legal effect as if orida Statutes; and that	made under t my name
SIGNATU	JRE: SIGNATURE AND TYPED O	R PRINTED NAME OF SIGNING OFFICER O		es 3-30-96	305 37/ Daytme Phone #	-4365