

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F09528 (3)

1. Corporation Name  
TONY'S PRODUCE, INC.



Principal Place of Business

P.O. BOX 451208  
MIAMI FL 33245-1208

Mailing Address

P.O. BOX 451208  
MIAMI FL 33245

3. Date Incorporated or Qualified  
10/14/1980

3a. Date of Last Report  
01/24/1995

4. FEI Number  
59-2037850

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

RIVERA, CARLOS  
3631 SW 92 AVE  
MIAMI FL 33165

81 Name

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

83

84 City

FL 85 Zip Code

10. Name and Address of New Registered Agent

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 607.0503, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Current Registered Agent

Signature of Agent for Change of Registered Office or Agent

(SAY)

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE

NAME  
PD  
ALMANSA, ANTONIO  
1910 S.W. 24TH ST.  
MIAMI FL

2. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

3. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

4. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

5. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

6. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

7. TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13.

1. TITLE

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-STATE-ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY-STATE-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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, Block 14, or on an attachment with an affidavit.

SIGNATURE:

SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ANTONIO ALMANSA

4-1-96

305-BIG-1008

CR2E034 (12/95)