PROFIT CORPORATION ANNUAL REPORT <b>1998</b>			FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		Jan 20 1998 8:00am Secretary of State		
1. Corporatio	MENT # F0952 S PRODUCE, INC.	28	(3)		T SANAHAN KUTU NUTU NUTU NUTU NUTU NUTU NUTU NUT	ers waars kanse waars wa	
Principal Plac	e of Business	Mailing	Address				
P.O. BOX 451208 P.O. BOX 451208 MIAMI FL 33245-1208 MIAMI FL 33245					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
					10/14/1980		
2. Principal F	Place of Business	2a. Ma 26	iling Address		4. FEI Number 59-2037850		pplied For ot Applicable
Suite, Apt.	#, etc.	Suit	te, Apt. #, etc.		5. Certificate of Status Desired		Additional equired
2 City & Stat	e	27 City	/ & State		6. Election Campaign Financing		May Be
Zip	Country	28		Country	Trust Fund Contribution 8. This corporation owes or has pa	/	to Fees
4	25	29		30	Personal Property Tax due June	30. 🗍 Yes [	
Bľ	<ol> <li>9. Name and Address of Curr VERA, CARLOS</li> </ol>	rent Hegistered	a Agent	81 Name	10. Name and Address of New Re	gistered Agent	
36	31 SW 92 AVE			82 Street Add	dress (P.O. Box Number is Not Acceptat	ole)	
M	AMI FL 33165			83			
						<u> </u>	
11. Pursuant	to the provisions of Sections 607.0	)502 and 607.1	508, Florida Statut	84 City	rporation submits this statement for the p		Code ts registered
SIGNATURE	Signature, typed or printed name of registered	agent and title if appl	licable. (NQT	es, the above-named con authorized by the corpora trida Statutes.		<b>FL</b>	ts registered registered
	Signature, typed or printed name of registered a OFFICERS A		licable. (NQT	es, the above-named con authorized by the corpora rrida Statutes.		<b>FL</b>	ts registered registered
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered , OFFICERS A PD ALMANSA, ANTONIO	agent and title if appl	licable. (NQT	es, the above-named cou authorized by the corpora trida Statutes. E Registered Agent signature req 13. 1.1 TITLE 1.2 NAME	uired when reinstaling)	DATE ERS AND DIRECTOF	ts registered registered
SIGNATURE 12. 11TLE NAME STREET ADDRESS	Signature, typed or printed name of registered a OFFICERS A	agent and title if appl	licable. (NQT	es, the above-named cou authorized by the corpora trida Statutes. E Registered Agent signature req 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	uired when reinstaling)	DATE ERS AND DIRECTOF	ts registered registered
SIGNATURE 12. 11TLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered , OFFICERS A PD ALMANSA, ANTONIO 1910 S.W. 24TH ST.	agent and title if appl	licable. (NQT	es, the above-named cou authorized by the corpora- trida Statutes. E Registered Agent signature requ 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE	uired when reinstaling)	DATE ERS AND DIRECTOF	ts registered registered
SIGNATURE 12. 17TLE NAME STREET ADORESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered , OFFICERS A PD ALMANSA, ANTONIO 1910 S.W. 24TH ST.	agent and title if appl		ES, the above-named could of the above-named could of the corporative by the corporative required Statutes. E Registered Agent signature required to the corporative requ	uired when reinstaling)	L     Inurpose of changing i     the appointment as     DATE     DATE     Change	ts registered registered RS IN 12
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