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PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # **F37297**



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90066 028 ***150.00

H & R P	PRODUCE DISTRIBUTORS,	INC.								
Principal Place	e of Business	Mailing Address				,		18117 18 67 816 01)	H A(A): A(4) (40)
1265 N.W. 22ND STREET MIAMI FL 33142 1265 N.W. 22ND STREET MIAMI FL 33142							 DO NOT WR	RITE IN THIS	SPACE	
						3. Date Incorpora	ited or Qualifed	d .	•	
						06/04/1981			*. *	
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number				Applied For
21		26				59-209649	9			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of S	tatus Desired			Additional
22		27								Required
City & State	e	City & State				6 Election Camp	-			O May Be
23	0	28 7in	Cou	intry		Trust Fund Co				d to rees
Zip	Country	Zip	_	лц у		8. This corporation Personal Prop		rrent year in	Yes	□No
24	9. Name and Address of Curre	nt Registered Agent	30	ī		10. Name and Ad		Registered	VZ	
	5. Name and Address of Curre	ur veñisteian Whaiir		81	Name				1	
HER	rnandez, jose						1 11 1 1	1.1.1.1	 	
	5 NW FIRST STREET			82	Street Addr	ress (P.O. Box Numbe	er is Not Accep	iable)	÷	
	MI FL 33125			83		1.0			٠.	
***************************************	2 00 .20								· · · ·	
				84	City		•	· FI	85 Zi	p Code
	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obligations are secured to the control of the						, 			
agent. I a SIGNATURE 12.	Signature, typed or printed name of registered age	ont and title if applicable. (NOT)	E: Registered	i Agent s		ed when reinstating) ADDITIONS/CH		DATE	ND DIREC	TORS IN 12
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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 supplier that an infinite 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 feceiver or prustee 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

CITY-ST-ZIP