FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB -7 PM 3:14

DOCUMENT # F94000000325 (0)

1. Corporation Name
LOU PIZZO PRODUCE INC.

Principal Place of Business	Mailing Address
5486 PINE LANE CORAL SPRINGS FL 33067	5486 PINE LANE CORAL SPRINGS FL 33067

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/24/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 9660 NW 67TH PLACE	26 9660 NW 67TH PLACE
Suite, Apt. #, etc. 22 PARKLAND, FLORIDA	Suite, Apt. #, etc. 27 PARKLAND, FLORIDA
City & State 23 33076 BROWARD	City & State 28 33076 BROWARD
Zip / Country 24 / 25	Zip / Country 29 / 30

4. FEI Number: 22-2385528 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
PIZZO, LOUIS P PAMPANO STATE FARMERS MARKET OFFICE A-20 POMPANO BEACH FL 33071	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

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 _____ DATE 1/26/95
(Signature, typed or printed name of registered agent and the date of acceptance) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PT PIZZO, LOUIS P 5486 PINE LANE CORAL SPRINGS FL 33067	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	PT PIZZO, LOUIS P 9660 NW 67TH PLACE PARKLAND, FLORIDA 33076 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VS PIZZO, ANGELINA M 5486 PINE LANE CORAL SPRINGS FL 33067	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	VS PIZZO, ANGELINA M 9660 NW 67TH PLACE PARKLAND, FLORIDA 33076 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ 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)(i), 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 if changed or on an attachment with an address.

SIGNATURE: _____ 1/26/95 305 941-8830
(SIGNATURE AND TYPED OR PRINTED NAME OF SUBMITTING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)

0T10307 CP