

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # F95000003134 (2)

1. Corporation Name
NORTH BAY PRODUCE, INC.

Principal Place of Business: **PO BOX 988 TRVERSE CITY MI 49685-0988**
 Mailing Address: **PO BOX 988 TRVERSE CITY MI 49685-0988**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		06/28/1995	02/07/1996
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		38-3002393	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
29		29		<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
BURGOS, MICHAEL A 2119 NW 84TH AVE. MIAMI FL 33126				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				10. Name and Address of New Registered Agent	
				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
83.		84. City		85. Zip Code	
		FL			

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CPD HACKERT, ROY	1.1 TITLE	D Patricio Ocampo
NAME	3958 WEST CHAUVEZ ROAD	1.2 NAME	Maipu 942 P150 20° (1340)
STREET ADDRESS	LUDINGTON MI 49431	1.3 STREET ADDRESS	Buenos Aires, Argentina
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	C WRIGHT, GEORGE	2.1 TITLE	D Jorge Checa Jr.
NAME	13375 BELDING ROAD	2.2 NAME	Rivera Navarrette 451 (Of. 301)
STREET ADDRESS	BELDING MI 48809	2.3 STREET ADDRESS	Lima 27 Peru
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	V BOGARD, RICHARD L	3.1 TITLE	D Ron Reister
NAME	1771 NORTH US 31 SOUTH	3.2 NAME	1718 Gooding Road
STREET ADDRESS	TRVERSE CITY MI 49684	3.3 STREET ADDRESS	Conklin, MI 49403
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	V GIRARDIN, MARK A	4.1 TITLE	D Manuel Ramila
NAME	1771 NORTH US 31 SOUTH	4.2 NAME	10 Calle 1-40 Zona 9
STREET ADDRESS	TRVERSE CITY MI 49684	4.3 STREET ADDRESS	Guatamala City, Central America
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	STD ADKIN, RANDY	5.1 TITLE	D Ronald Campbell
NAME	RT 4, 65TH ST	5.2 NAME	Jr. A. Miro Quesada 260, Piso 9
STREET ADDRESS	SOUTH HAVEN MI 48090	5.3 STREET ADDRESS	Lima, Peru Apartado 2296
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D REISTER, ROBERT	6.1 TITLE	D Carlos Bonilla
NAME	6331 US 31 SOUTH	6.2 NAME	Planta Hidrotermica de Coon,
STREET ADDRESS	GRAWN MI 49637	6.3 STREET ADDRESS	Limonal de Abangares
CITY-ST-ZIP		6.4 CITY-ST-ZIP	km 145 CAJ Guanacaste, Costa Rica

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607.0502(2)(f), Florida Statutes. 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: *Mark A. Girardin* MARK A. GIRARDIN, V-P (616)946-1941

CR2E034 (9/96)