

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

FILED
Feb 15 1996 8:00 am
Secretary of State

DOCUMENT # **G22525** (1)

1. Corporation Name
E & A PRODUCE CORP.



Principal Place of Business
**924 NW 22 ST
MIAMI FL 33127
US**

Mailing Address
**924 NW 22 ST
MIAMI FL 33127
US**

2. Principal Place of Business
21. State, Apt. #, etc.
22. City & State
23. Zip
24. Country
25. Country

2a. Mailing Address
26. State, Apt. #, etc.
27. City & State
28. Zip
29. Country
30. Country

3. Date Incorporated or Qualified **01/24/1983** 3a. Date of Last Report **01/23/1995**

4. FEI Number **59-2251267** 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

**MARTIN, FELIX J
924 N.W. 22ND STREET
MIAMI FL 33127**

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 607.0702 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 607.0604, Florida Statutes.

SIGNATURE

Signature of Registered Agent or Secretary of State

Signature of Registered Agent or Secretary of State

Signature of Registered Agent or Secretary of State

12. OFFICERS AND DIRECTORS

1. NAME ☐ DELETE **PD ALMEIDA, JUAN MIGUEL**

2. STREET ADDRESS **581 E. 56 ST**

3. CITY, STATE, ZIP **HIALEAH FL**

4. NAME ☐ DELETE **SD ALMEIDA, ESPERANZA**

5. STREET ADDRESS **581 E. 56 ST**

6. CITY, STATE, ZIP **HIALEAH FL**

7. NAME ☐ DELETE

8. STREET ADDRESS

9. CITY, STATE, ZIP

10. NAME ☐ DELETE

11. STREET ADDRESS

12. CITY, STATE, ZIP

13. NAME ☐ DELETE

14. STREET ADDRESS

15. CITY, STATE, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME ☐ Change ☐ Addition

2. NAME ☐ Change ☐ Addition

3. NAME ☐ Change ☐ Addition

4. NAME ☐ Change ☐ Addition

5. NAME ☐ Change ☐ Addition

6. NAME ☐ Change ☐ Addition

7. NAME ☐ Change ☐ Addition

8. NAME ☐ Change ☐ Addition

9. NAME ☐ Change ☐ Addition

10. NAME ☐ Change ☐ Addition

11. NAME ☐ Change ☐ Addition

12. NAME ☐ Change ☐ Addition

13. NAME ☐ Change ☐ Addition

14. NAME ☐ Change ☐ Addition

15. NAME ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this form 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. 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: *Esperanza Almeida*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)