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

APPROVED AND FILED
95 MAY -1 AM 12:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K49731 (8)

1. Corporation Name
SUN RICH TOMATOES & PRODUCE CO., INC.

Principal Place of Business	Mailing Address
P.O. BOX 3400 FLORIDA CITY FL 33034 US	BARNETT BANK BUILDING 1500 SOUTH DIXIE HIGHWAY SUITE 200 CORAL GABLES FL 33146 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/07/1988
3a. Date of Last Report: 01/19/1994

2. Principal Place of Business	2a. Mailing Address
21 700 NW 10 Avenue	26 P.O. Box 3400
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Homestead, FLA	28 City & State: FLORIDA CITY
24 Zip: 33030 25 Country: USA	29 Zip: 33034 30 Country: USA

4. FEI Number: 65-0091780 ☐ 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

FLETCHER, PAUL G., P.A.
BARNETT BANK BLDG.
1500 SOUTH DIXIE HIGHWAY SUITE 200
CORAL GABLE FL 33146

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City FL 05 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
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	PD	1.1 TITLE	☒ Change ☐ Addition
NAME	NEECE, WILLIAM M.	1.2 NAME	William M. Neece
STREET ADDRESS	~~700 NW 10 AVE~~	1.3 STREET ADDRESS	700 NW 10 Ave
CITY-ST-ZIP	~~HOMESTEAD FL~~	1.4 CITY-ST-ZIP	Homestead, FLA 33030
TITLE	V	2.1 TITLE	☐ Change ☐ Addition
NAME	PROKOPIAK, JEAN MARIE	2.2 NAME	
STREET ADDRESS	1590 NW 14TH TERR	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL	2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	☐ Change ☐ Addition
NAME	PROKOPIAK, FRANCOISE	3.2 NAME	
STREET ADDRESS	1590 NW 14TH TERR	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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: William M. Neece William M. Neece Pres. 4/24/95 1-800-341-2455
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

01500963 CP