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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K93178

TROPICAL FRUIT, INC.

Principal Place of Business	
% RUBEN DIAZ	

Mailing Address

Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90143 034 ***150.00



|--|--|

% RUBEN DIAZ 11142 SW 7TH	STREET	% RUBEN DIAZ 11142 SW 7TH STREET MIAMI FL 33174			DO NOT WRIT	E IN THIS S	SPACE	
MIAMI FL 33174	•	MIAMI FL 331/4			3. Date Incorporated or Qualifed 06/06/1989	<u> </u>	,,,,,,,	
a Principal D	lace of Business	2a, Mailing Address			4 EEI Number			Applied For
	25W 123 AVE.	26 660 SW	12	3 AVE	65-0144505		\vdash	Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.	<i>,</i> <u> </u>		00 0111000		\$8.7	5 Additional
22 MI	gmi FL	27 MiAMI	FL		5. Certificate of Status Desired	<u> </u>		Required
City & State	184 NSA.	26 660 SW Suite, Apt. #, etc. 27 /// // City & State 28 37/84	//	2/5A.	Election Campaign Financing Trust Fund Contribution			00 May Be ed to Fees
Zip	Country 25	Zip 30	Country	, 	This corporation owes the curre Personal Property Tax.		ngible X Yes	□No
24	9 Name and Address of Current				10. Name and Address of New R	egistered A	gent	
	g. Name and Address of Outrem	Trogistores Agont	81	Name	10.		3	
	, RUBEN		82		Iress (P.O. Box Number is Not Acceptal	ble)		
	2 SW 7TH STREET N FL 33174		83					
			84	City		FL		Cip Code
office or n	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	of Florida. Such change was author	ized by	the corporat	poration submits this statement for the ion's board of directors. I hereby accept	purpose of c t the appoin	hanging Iment as	its registered registered
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Regi	stered Ager	nt signature requir	red when reinstating)	DATE		
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFF	ICERS AND	DIREC	TORS IN 12
TITLE	DV	DELETE	1.1 TITLE				☐ Chan	ge 🔲 Addition
NAME	DIAZ. RUBEN		1.2 NAME		•			
STREET ADDRESS	11142 SW 7TH STREET		1.3 STREE	T ADDRESS				
CITY-ST-ZIP	MIAMI FL		1.4 CITY-S	T-ZIP				
TITLE	D	☐ DELETÉ	2.1 TITLE				Chan	ge 🔲 Addition
NAME	VALDEZ, FABIO		2.2 NAME					ļ
STREET ADDRESS	11142 SW 7TH STREET		2.3 STREE	ADDRESS				}
CITY-ST-ZIP	MIAMI FL		2. 4 CITY-5	ST-ZIP				
TITLE		☐ DELETE	3.1 TITLE				Chan	ge 🔲 Addition
NAME			3.2 NAME		·			
STREET ADDRESS			3.3 STREE	TADDRESS				ļ
CITY-ST-ZIP		-	3.4. CITY-5	ST-ZIP				
TITLE		☐ DELETE	4.1 TITLE				☐ Chan	ge Addition
NAME			4. 2 NAME	-				1
STREET ADDRESS			4.3 STREE	TADORESS				
CITY-ST-ZIP			4.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	5.1 TITLE				☐ Chan	ge Addition
NAME			5.2 NAME		•		•	
STREET ADDRESS			5.3 STREE	TADDRESS				
CITY-ST-ZIP			5.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	6.1 TITLE				Chan	ge Addition
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREE	TADDRESS				

64 CITY-ST-ZIP CITY-ST-ZIP 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 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 atjachment with an address, with all other like empowered.

SIGNATURE: