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 JAN 13 AM 10:07

DOCUMENT # L79196 (6)

1. Corporation Name
ANGEL FOOD & FRUIT COMPANY

Principal Place of Business
~~555 S.W. 12TH AVE.~~
~~SUITE 100~~
POMPANO BEACH FL 33069
US

Mailing Address
~~555 S.W. 12TH AVE.~~
~~SUITE 100~~
POMPANO BEACH FL 33069
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/07/1990
3a. Date of Last Report: 04/18/1994
4. FEI Number: 65-0201763 ☐ 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

2. Principal Place of Business
21 675 SW 12 Ave
Suite, Apt #, etc. 22
City & State 23
Zip 24 Country 25

2a. Mailing Address
25 675 SW 12 Ave
Suite, Apt #, etc. 27
City & State 28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

HAITO, MANUEL
~~6901 N.W. 26TH AVE~~
~~MIAMI FL 33147~~

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 675 SW 12 Ave
83
84 City Pompano Beach FL 85 Zip Code 33069

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

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	ISAIAS, ESTEFANO
STREET ADDRESS	~~6901 N.W. 26TH AVE.~~
CITY ST ZIP	~~MIAMI FL~~
TITLE	VSD
NAME	HAITO, MANUEL
STREET ADDRESS	~~6901 N.W. 26TH AVE.~~
CITY ST ZIP	~~MIAMI FL~~
TITLE	T
NAME	GILL, SAMUEL W
STREET ADDRESS	~~6901 N.W. 26TH AVE.~~
CITY ST ZIP	~~MIAMI F~~
TITLE	S
NAME	SIRVEN, JOSE
STREET ADDRESS	STE. 3400 TWO S. BISCAYNE BLVD.
CITY ST ZIP	MIAMI F
TITLE	D
NAME	ENCALADA, LUIS S
STREET ADDRESS	6901 N.W. 26TH AVE.
CITY ST ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	675 SW 12 Ave	
1.4 CITY ST ZIP	Pompano Bch Fl 33069	
2.1 TITLE		☒ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	675 SW 12 Ave	
2.4 CITY ST ZIP	Pompano Bch Fl 33069	
3.1 TITLE		☒ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS	675 SW 12 Ave	
3.4 CITY ST ZIP	Pompano Bch Fl 33069	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY ST ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY ST ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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(1)(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: Samuel W Gill Treas. 1/9/95 305 785 7797
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0112131 CP