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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L90289 UNITED FRUIT FARM INC. Principal Piace of Business Mailing Address 22121 SW 312TH ST P O BOX 651742 MIAMI FL 33265-1742 HOMESTEAD FL 33090 3. Date Incorporated or Qualified 3a. Date of Last Report 07/27/1990 07/08/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0211065 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Country Zip Zip This corporation has liability for intangible tax under s. 199.032, Yes 🗌 No 24 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LORENZO, ORLANDO 14221 SW 155TH ST 82 Street Address (P.O. Box Number is Not Acceptable) LOT #379 83 **MIAMI FL 33177** 84 City 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 Signature, typed or portied name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIBECTORS IN 12 12. OFFICERS AND DIRECTORS (96/6) 13. PD DELETE Change Addition TITLE 11 TITLE LORENZO, ORLANDO NAME 1.2 NAME 19800 SW 180 AVE #379 1.3 STEET ADDRESS STREET ADDRESS MIAMI FL 1.4 CITY ST - ZIP CITY-ST-ZIP Change ☐ Addition DELETE 2.1 TITLE TITLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY-ST-ZIP DITY - ST - ZIP DELETE Change __ Addition 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4.2 NAME STREET ADORESS 4.3 STREET ADDRESS 44 CITY-ST-ZIP CITY-SI-ZIP DELETE Addition 51 TITLE Change TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE ☐ Change Addition 6.1 TITLE TITLE NAME 6.2 NAME STREET ADORESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP CITY-S1-ZIP

14. I do 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 trusted 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 an attachment an address.

SIGNATURE:

1-24-97 (305) 553-5406

FILED

Jan 31 1997 8:00am

Secretary of State