Mailing Address

PROFIT
CORPORATION
ANNUAL REPORT
1999

Principal Place of Business

DOCUMENT # M27992

DADE SOUTH FRUITS & VEGETABLES, INC.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED Jun 08, 1999 8:00 am Secretary of State

06-08-1999 90015 006 \*\*\*550.00


141 N.E. 3RD A SUITE 601 MIAMI FL 33121		141 N.E. 3RD AVE. Suite 601 Miami FL 33121			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed  02/27/1986
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number Applied For
21		26			59-2655236 Not Applicab
Suite, Apt. 1	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional Fee Required
City & State		City & State			6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees
Zip 24	Country 25	Zip 3	Country 0		This corporation owes the current year intangible     Personal Property Tax. ☐ Yes ☐ No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered Agent
האים	D AAABUTI		81	Name	
DINER, MANUEL BAYSIDE OFFICE CENTER			82	Street	t Address (P.O. Box Number is Not Acceptable)
	N.E. 3RD AVENUE, SUITE 601		83		
MAN	II FL 33132		84	City	FL 85 Zip Code
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligati	i Florida. Such change was aut	honzed by	the corp	d corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
JOHN TORE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: F	legistered Ager	nt signature	e required when reinstating) DATE
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addi
NAME	SANCHEZ, WILFREDO		1.2 NAME		
STREET ADDRESS	8751 S.W. 56TH ST.		1.3 STREE	TADDRESS	5
CITY-ST-ZIP	MIAMI FL		1.4 CITY-S	T-ZIP	☐ Change ☐ Addi
TITLE	SD	DELETE	2.1 TITLE		ChangeAddi
NAME	SANCHEZ, CLARA		2.2 NAME		
STREET ADDRESS	8751 S.W. 56TH ST.			TADDRESS	S
CITY-ST-ZIP	MIAMI FL	O DELETE	2.4 CITY-5	ST-ZIP	☐ Change ☐ Addi
TITLE		☐ DELETE	3.1 TITLE		
NAME			32 NAME	T ADDOSSO	
STREET ADDRESS				T ADDRESS	
CITY-ST-ZIP		☐ DELETE	3.4. CITY-S 4.1 TITLE	51-ZIP	☐ Change ☐ Addi
TITLE		_ 5222.0	4, 2 NAME		
NAME OTREET ADDRESS				TADORESS	
STREET ADDRESS			4.4 CITY-S		
CITY-ST-ZIP		☐ DELETE	5.1 TITLE		☐ Change ☐ Addi
NAME		<b>—</b>	5.2 NAME		
STREET ADDRESS			1	T ADDRESS	s
CITY-ST-ZIP			5.4 CITY-S	T-ZIP	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addi
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREE	T ADDRESS	s
CITY-ST-ZIP			6.4 CITY- S	T-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 ampowered 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, with all other like empowered.

IGNING OFFICER OR DIRECTOR

SIGNATURE:

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5/25/99

305-274-4820