FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

M37628 **DOCUMENT #**

(8)

VERDE PRODUCE INC.

Principal Prace of Pusiones Mailing Address



riiiicipai riace	Of Dusiness	171, an 1g 7 kilo 250								
C/O FRANCISCO VERDE 334 W. 15TH ST. HIALEAH FL 33010		C/O FRANCISCO VERDE 334 W. 15TH ST. HIALEAH FL 33010								
		INACEDITIE GOOTO				3. Date Incorporated or Qualified 08/29/1986		of Last F 03/02/1	995	
2. Principal Pla	ice of Business	2a. Mailing Address				4. FEI Number			Applied For	
21		26				59-2723108			Not Applicable	
Suite, Apt. #	t, etc.	Suite, Apt #, etc				5. Certificate of Status Desired	Ø		5 Additional Required	
City & State		City & State				Election Campaign Financing Trust Fund Contribution			00 May Be ed to Fees	
Zip 24	Country 25	7ip 29	Cour	ntry		8. This corporation has liability for Florida Statutes Yes		ax under s	s 199.032,	
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New F	legistered	Agent		
				81 Na	nme					
VERDE, FRANCISCO 334 W. 15TH ST.				82 St	reet Addre	t Address (P.O. Box Number is Not Acceptable)				
	VH FL 33010			83						
			-	84 Ci	ty		FL	85 2	Zip Code	
SIGNATURE	th, and accept the obligations of. Sec Signature types or protest move of registered agri-					d of directors. Thereby accept the app	DATE			
12.	OFFICERS AN	ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFF				
TITLE	PD	DELETE	1 1 TI	TLE				Change	e	
NAME	VERDE, FRANCISCO		1.2 NA	ME						
STREET ADDRESS	334 W. 15TH ST.		1357	REET ADD	AESS					
CITY - ST - ZIP	HIALEAH FL	——————————————————————————————————————		1Y-S1-Z0)			☐ Criange	Addition	
TITLE		DEFELE	2 1 1		ļ			Change		
NAME			2 2 NA		orna					
STREET ADDRESS				THEST ADD ITY - ST - ZII	1					
CITY-ST-ZIP TITLE		DELETE	3 1 Ti		<u> </u>			Change	e Addit-on	
NAME			3 2 N							
STREET ADDRESS				TREET ADD	ORESS					
CITY-ST-ZIP	İ			TY - ST - ZII	ļ					
TITLE		☐ DELE1E	4.11	ITLE				☐ Change	e 🔲 Addition	
NAME			4.2 N/	AVI:						
STREET ADDRESS			4351	TREFT ADD	RESS					
CITY-ST-ZIP			4 4 CI	11 Y - ST - ZI	ρ					
TITLE		☐ DELETE	5 1 โ	ITLE				Change	e 🔲 Addition	
NAME			5 2 N	AME						
STREET ADDRESS			538	TREET ADD	JRESS					
CITY-ST-ZIP				ITY-ST-21	F					
TITLE		☐ DELETE	6 1 1	HLE				Chang	e 🔲 Addition	
NAME			6 2 N	AME	1					
STREET ADDRESS			635	TREET ADO	DRESS					
CITY-ST-ZIP			64C	ITY - ST - ZI	ib.					

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)(k). 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 emipowered 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 attrachment with an address

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)