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 APR -7 PM 12:01

DOCUMENT # **M58323** **(0)**

1. Corporation Name
SONNY & SON PRODUCE, INC.

Principal Place of Business	Mailing Address
~~95 B NW 13 AVE~~	~~95 B NW 13TH AVE~~
~~POMPANO BCH FL 33069~~	~~POMPANO BEACH FL 33069~~
~~US~~	~~US~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/31/1987	3a. Date of Last Report: 04/11/1994
2. Principal Place of Business (21): 700 N.W 12 TERRACE	2a. Mailing Address (26): P.O.Box 15-07
Suite, Apt. #, etc. (22):	Suite, Apt. #, etc. (27):
City & State (23): Pompano Bch Fl	City & State (28): Pompano Bch Fl
Zip (24): 33069 Country (25): U.S	Zip (29): 33061 Country (30): U S
4. FEI Number: 65-0011237	☐ 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	

9. Name and Address of Current Registered Agent

~~MARINELLO, STEVEN~~
~~95 B NW 13TH AVE~~
~~POMPANO BEACH FL 33069~~

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 700 N.W. 12 TERRACE

84 City: Pompano Bch 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
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	1.1 TITLE	700 N.W. 12 TERRACE	☒ Change ☐ Addition
NAME	MARINELLO, GUS	1.2 NAME	~~P.O. Box 15-07~~	
STREET ADDRESS	~~95 B NW 13TH AVE~~	1.3 STREET ADDRESS	Pompano Bch, Fl ~~33061~~ 33069	
CITY-ST-ZIP	~~POMPANO BEACH FL~~	1.4 CITY-ST-ZIP		
TITLE	VST	2.1 TITLE	700 N.W. 12 TERRACE	☒ Change ☐ Addition
NAME	MARINELLO, JOAN	2.2 NAME	~~P.O. Box 15-07~~ 33069	
STREET ADDRESS	~~95 B NW 13TH AVE~~	2.3 STREET ADDRESS	Pompano Bch, Fl ~~33061~~	
CITY-ST-ZIP	~~POMPANO BEACH FL~~	2.4 CITY-ST-ZIP		
TITLE	PD	3.1 TITLE	700 N.W. 12 TERRACE	☒ Change ☐ Addition
NAME	MARINELLO, STEVEN	3.2 NAME	~~P.O. Box 15-07~~ 33069	
STREET ADDRESS	~~95 B NW 13TH AVE~~	3.3 STREET ADDRESS	Pompano Bch, Fl ~~33061~~	
CITY-ST-ZIP	~~POMPANO BEACH FL~~	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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(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 added on an attachment with an address.

SIGNATURE: [signature] President 3/20/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

3-20-95 (305) 783-0000
Daytime Phone #

CP