FILED May 05, 2003 8:00 am 2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR** Secretary of State P02000055872 DOCUMENT # 05-05-2003 91410 039 ***158.75 1. Entity Name HARRIS PRODUCE, INC. Principal Place of Business Mailing Address 915 N.W. 1ST STREET 915 N.W. 1ST STREET 20041210 APARTMENT L-121 **APARTMENT L-121** MIAMI FL 33136 MIAMI FL 33136 2. Principal Place of Business 3. Mailing Address <u>7505W</u> 9750 SW Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State 4. FEI Number Applied For WAM. Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SAMPEDRO-IGLESIA, MARI Street Address (P.O. Box Number is Not Acceptable) 13780 S.W. 56TH ST., #100 **MIAMI FL 33175** 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Mike Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Addition ☐ Delete CASOL, JUANA N NAME NAME STREET ADDRESS 915 N.W. 1ST STREET STREET ADDRESS CITY-ST-ZIP MIAMI FL 33136 CITY-ST-ZIP SR. VP Admiu & operations TITLE TITLE ☐ Delete Julio A Pinto 9750 500 122 Aug NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition TITLE Delete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE TITLE TITLE ☐ Delete Change Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

PLIPS TECHIRE SIGNA SIGNATURE AND TY ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR