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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

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	1990	DIVISION O	F CORPORATIONS	i i	
DOCUN 1. Corporation	MENT # POS	625 (5)			
'	R FRESH FRUITS AND	VEGETARI ES INC			
	THE STATE OF THE	TEGETABLES, 1110.		1 (8 1) (8 1) (8 1)	ia dilia maalam ahaa alam alam aham aham aham a
Principal Place		Mailing Address			a attre meer ein erên eien eien erên erên erên erên Elên 1881
500 NW 12 Suite 200	2TH AVENUE	500 NW 12TH AVE SUITE 200	NUE		
POMPANO	BEACH FL 33069	POMPANO BEACH	FL 33069		
US		US		3. Date Incorporated or Qua 04/01/1986	alified 3a. Date of Last Report 06/30/1995
2. Principal Pla 21	ice of Business	2a. Mailing Address		4. FEI Number 59-2337751	Applied For
Suite, Apt. #	+, etc.	26		39-2337751	Not Applicable
22		27		5. Cert ficate of Status Desir	red Sa.75 Additional Fee Required
City & State		City & State	···· ··· ··· ····	6. Election Campaign Finance	icing _ \$5.00 May Bo
Z (p)	Country	28	т — — — — — — — — — — — — — — — — — — —	1 rust Fund Contribution	Added to Fees
24	25	2 ip 29	Country 30		ility for intang-ble tax under s 199,032, ☐ Yes ☐ No
	9. Name and Address of Cu		-1301	10. Name and Address of I	
			81 Na		3
	RPORATION SYSTEM		82 Str	reet Address (P.O. Box Number is Not Ac	contable)
	S. PINE ISLAND ROAD				
PLANT.	ATION FL 33324		83		
			84 Cit	у	85 Zip Code
11. Pursuant to	the provisions of Sections 607.0	7502 and 607 1508. Floreta Status	tos the above come	d conversion a knot the state of the	
or registere familiar with	ed agent, or both, in the State of and accept the obligations of a	Florida, Such change was author: Section 607,0505, Florida Statute	red by the corporation	on's board of directors. Thereby accept the	the purpose of changing its registered office is appointment as registered agent. I am
SIGNATURE	The contract of the contract o	eestion oor tooos, monda statute	».		
	Signature type the person name of sognations		OF Beginson Agentson a	the responsibilities redstang	CATE
12.	VTD	AND DIRECTORS	13.	ADDITIONS/CHANGES TO	O OFFICERS AND DIRECTORS IN 12
NAME	DAUITO, RALPH G., JR.	☐ DEL€1E	1 1 TILLE		Change 🔲 Addition
STREET ADDRESS	500 NW 12TH AVENUE		1.2 NAME 1.3 STREET ADDRE	202	
CITY - ST - ZIP	POMPANO BEACH FL	•	14 CITY - S1 ZIP	1.5.5	
TITLE	SD	DELETE	2 1 TI*LF		Change Addition
NAME	DAUITO, RALPH G., JR.		2.2 NAME		
STREET ADORESS	500 NW 12TH AVENUE, POMPANO BEACH FL	, SUITE 200	2.3 STREET ADDRE	ess	
Criy-ST-ZiP Title	PD PD		2 4 CITY - ST - ZIF		
NAME	DAUITO, RICHARD	DELETE	3 1 TIFLE		, Change Addition
STREET ADDRESS	500 NW 12TH AVENUE	. SUITE 200	3.2 NAME	103	
CITY - ST - ZIP	POMPANO BEACH FL	,	3.3 STREET ADDRI 3.4 CHTY ST. ZIP	122	
THLE		DELETE	4 1 TIPLE		Change Addition
NAME			4.2 NAME		Change Xoon on
STREET ADDRESS			4.3 STREET ADDRE	ss	
CITY-SI-ZIF			4.4 CHY+ST, ZIP		
TITLE		DELETE.	5 1 TITLE		Change Addition
NAME STREET ADDRESS			5.2 NAME		
CITY - ST - ZIP			5 3 STREET ADDRO	SS	
THILE		DELETE	5.4 CI*Y · ST - ZIP 6.1 TITLE		Channe
NAME			6 2 NAME		☐ Change ☐ Addition
STREET ADDRESS			6.3 STREET ADDRES	ss	
CITY - ST - ZIP			64.007-31-86		
14. I do hereby	certify that the information suppli	ed with this filing is voluntarily furn	ished and does not	qualify for the exemption stated in Section	0.110.07(2)(1). [10.11.00

14. I do hereby certify that the information supplied with this fling 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 reveiver or trustee emprovered to execute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 or Block 13 changed, or of an attaching int with an address

SIGNATURE:

RACH DACLITE (454) 185-1190

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR