

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 12 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P09625 (5)  
1. Corporation Name  
R & R FRESH FRUITS AND VEGETABLES, INC.

Principal Place of Business 500 NW 12TH AVENUE SUITE 200 POMPANO BEACH FL 33069 US	Mailing Address 500 NW 12TH AVENUE SUITE 200 POMPANO BEACH FL 33069 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 141 N.W. 20 ST Suite, Apt. #, etc. 22 H-7 City & State 23 BOCA RATON, FL Zip 24 33421		2a. Mailing Address 26 P.O. Box 1589 Suite, Apt. #, etc. 27 City & State 28 BOCA RATON, FL Zip 29 33421-1589		3. Date Incorporated or Qualified 04/01/1986	
25 USA		30 USA		4. FEI Number 59-2337751	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code	

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
<input type="checkbox"/> DELETE				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	VTD			1.1 TITLE	VTD		
NAME	DAUITO, RALPH G., JR.			1.2 NAME	DAUITO, RALPH G., JR.		
STREET ADDRESS	500 NW 12TH AVENUE, SUITE 200			1.3 STREET ADDRESS	141 N.W. 20 ST H-7		
CITY-ST-ZIP	POMPANO BEACH FL			1.4 CITY-ST-ZIP	BOCA RATON, FL 33421		
<input type="checkbox"/> DELETE				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	SD			2.1 TITLE	SD		
NAME	DAUITO, RALPH G., JR.			2.2 NAME	DAUITO, RALPH G., JR.		
STREET ADDRESS	500 NW 12TH AVENUE, SUITE 200			2.3 STREET ADDRESS	141 N.W. 20 ST H-7		
CITY-ST-ZIP	POMPANO BEACH FL			2.4 CITY-ST-ZIP	BOCA RATON, FL 33421		
<input type="checkbox"/> DELETE				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	PD			3.1 TITLE	PD		
NAME	DAUITO, RICHARD			3.2 NAME	DAUITO, RICHARD		
STREET ADDRESS	500 NW 12TH AVENUE, SUITE 200			3.3 STREET ADDRESS	141 N.W. 20 ST H-7		
CITY-ST-ZIP	POMPANO BEACH FL			3.4 CITY-ST-ZIP	BOCA RATON, FL 33421		
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE				4.1 TITLE			
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE				5.1 TITLE			
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
<input type="checkbox"/> DELETE				<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE				6.1 TITLE			
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-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 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RICHARD DAUITO

4/24/98

Date

Daytime Phone #

0325892

CR2E034 (10/97)