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 -6 AM 9:44

DOCUMENT # P10175 (8)

1. Corporation Name
TRIPLE E PRODUCE CORP.

Principal Place of Business	Mailing Address
503 10TH ST. WEST PALMETTO FL 34221	503 10TH ST. WEST PALMETTO FL 34221

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/21/1986
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
4. FEI Number: 94-1631289 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22) / Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State (23) / City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip (24) Country (25) / Zip (29) Country (30)
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ZABLUDOWSKI, DANIEL A.
2 SOUTH BISCAYNE BLVE.
SUITE 3100
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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 _____ 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	PD	1.1 TITLE	D/VP/AS	☒ Change ☐ Addition
NAME	ESFORMES, NATHAN J.	1.2 NAME	ALVAREZ, Elizabeth	
STREET ADDRESS	503 10TH ST. WEST	1.3 STREET ADDRESS	503 10th St.	
CITY-ST-ZIP	PALMETTO FL	1.4 CITY-ST-ZIP	Palmetto Fl	
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	ESFORMES, JOSEPH	2.2 NAME		
STREET ADDRESS	503 10TH ST.	2.3 STREET ADDRESS		
CITY-ST-ZIP	PALMETTO FL	2.4 CITY-ST-ZIP		
TITLE	ST	3.1 TITLE		☐ Change ☐ Addition
NAME	HEISER, JEFFREY D.	3.2 NAME		
STREET ADDRESS	949 N. CENTER ST., S-A	3.3 STREET ADDRESS		
CITY-ST-ZIP	STOCKTON CA	3.4 CITY-ST-ZIP		
TITLE	AVP	4.1 TITLE		☐ Change ☐ Addition
NAME	ESFORMES, JON	4.2 NAME		
STREET ADDRESS	503 10TH ST. WEST	4.3 STREET ADDRESS		
CITY-ST-ZIP	PALMETTO FL	4.4 CITY-ST-ZIP		
TITLE	XXXX	5.1 TITLE		☐ Change ☐ Addition
NAME	XXXXXXXXXXXXXXXX	5.2 NAME		
STREET ADDRESS	XXXXXXXXXXXXXXXX	5.3 STREET ADDRESS		
CITY-ST-ZIP	XXXXXXXXXXXXXXXX	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 on an attachment with an address.

SIGNATURE: X Elizabeth Esformes
Elizabeth Esformes-Alvarez
Director
April 4, 1995 (813) 729-4610
(Date) (Daytime Phone #)

0947871 CP