

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P92000005689 (4)**

1. Corporation Name

**GOLDEN CROWN PRODUCE, INC.**



Principal Place of Business

Mailing Address

**9245 S.W. 43RD TERRACE  
MIAMI FL 33155  
US**

**5511 NW 72N DAVE  
MIAMI FL 33166  
US**

2. Principal Place of Business

21 **5511 N.W. 72 Ave**

Suite, Apt. #, etc.

22

City & State

23 **Miami, Florida**

Zip

24 **33166**

Country

25 **Dade**

2a. Mailing Address

26 **5511 N.W. 72 Ave**

Suite, Apt. #, etc.

27

City & State

28 **Miami Florida**

Zip

29 **33166**

Country

30 **Dade**

9. Name and Address of Current Registered Agent

**RUIZ-SIERRA, ERNESTO  
9245 S.W. 43RD TERRACE  
MIAMI FL 33165**

3. Date Incorporated or Qualified

**11/16/1992**

3a. Date of Last Report

**06/15/1995**

4. FEI Number

**65-0365533**

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

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

*Ernesto Ruiz Sierra*

(NOTE: Registered Agent signature required after recording)

**2-12-96**

DATE

12. OFFICERS AND DIRECTORS

TITLE **DTP** ☐ DELETE

NAME **RUIZ-SIERRA, ERNESTO**

STREET ADDRESS **9245 S.W. 43RD TERRACE**

CITY-ST-ZIP **MIAMI FL 33165**

TITLE **VP** ☐ DELETE

NAME **LEE, HARRY**

STREET ADDRESS **6490 SW 112TH ST.**

CITY-ST-ZIP **MIAMI FL 33156**

TITLE **VP** ☐ DELETE

NAME **ELLZEY, LESLIE**

STREET ADDRESS **3865 ALCANA TARA AVE.**

CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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)(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 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:

*Ernesto Ruiz Sierra*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**02-12-96 (305) 882-6770**

DATE

DATE IN PARENT #

CR2E034 (12/95)