

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MAXIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 JUN 16 AM 10:38

DOCUMENT # P93000003717 (4)

1. Corporation Name

RIO INDIO FRUIT COMPANY

Principal Place of Business

**2005 CORTEZ AVE
VERO BEACH FL 32960**

Mailing Address

**2005 CORTEZ AVE
VERO BEACH FL 32960**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/12/1993

3a. Date of Last Report

04/29/1994

4. FEI Number

59-3163149

Applied For

☐ Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contributions

☐ **\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc

Suite, Apt. #, etc

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**O'QUINN, OSBORNE W
201 S INDIAN RIVER DR
FT PIERCE FL 34950**

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

Signature (Typed or Printed Name of Registered Agent and Date of Registration)

(If 301E Registered Agent signature required when resigning)

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

TITLE **P**
NAME **VIAMONTES, JOSE A**
STREET ADDRESS **2005 CORTEZ AVE**
CITY ST ZIP **VERO BEACH FL 32960**

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY ST ZIP

TITLE **V**
NAME **VIAMONTES, JORGE A**
STREET ADDRESS **1285 4TH LN**
CITY ST ZIP **VERO BEACH FL 32960**

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY ST ZIP

V ☒ Change ☐ Addition
Resigned

TITLE **V**
NAME **VIAMONTES, VICTOR L**
STREET ADDRESS **1850 40TH AVE B-108**
CITY ST ZIP **VERO BEACH FL 32960**

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY ST ZIP

V ☒ Change ☐ Addition
Resigned

TITLE **ST**
NAME **VIAMONTES, RAFAEL J**
STREET ADDRESS **2005 CORTEZ AVE**
CITY ST ZIP **VERO BEACH FL 32960**

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY ST ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY ST ZIP

☐ Change ☐ Addition

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)(b), 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 both in attachment with an address.

SIGNATURE:

Jose A. Viamontes 06/07/95

407-489-4887

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone (Area #)