Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90086 030 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P93000003717

1. Corporation Name

RIO INDI	O FRUIT COMPANY									
Principal Place of Business Mailing Address								[(## I1111 1 0 001		
3489 SOUTH US #1 2005 CORTEZ AVE FT. PIERCE FL 34982 VERO BEACH FL 32960 US						DO NOT WRITE IN THIS SPACE				
US						3. Date Incorporated or Qualifed				!
						01/12/1993			ŀ	ı
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		Apr	olied For	l
21		26				59-3163 <u>149</u>		No	Applicable	l
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status Desired		\$8.75 A Fee Re		
City & State	3	City & State				6. Election Campaign Financing		\$5.00	May Be	_
23		28				Trust Fund Contribution		Added to	Fees	i
Zip	Country	Zip	Coun	try		8. This corporation owes the current	nt year Inta	ngible	-	l
24	25	29	30	_		Personal Property Tax.			□No	l
	9. Name and Address of Current	t Registered Agent				10. Name and Address of New Re	gistered A	gent		1
F1/44	NO DALDILI		[*	B1 1	Name					ĺ
	ns, ralph l Beachland Blvd			B2 S	Street Addre	ss (P.O. Box Number is Not Acceptab	le)			
VER	O BEACH FL 32963		Ī	83						ĺ
			-	B4 (City		FL	85 Zip C	Code	
44 Durayant	to the provisions of Sections 607.0503	2 and 607 1508 Florida Statut	es the ah	\ ove-n	named como	eration submits this statement for the p		hanging its	registered	١
office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was a	uthorized	by the	e corporation	n's board of directors. I hereby accept	the appoin	tment as re	gistered	1
agent. rai	m tamiliar with, and accept the obligat	tions of, Section 607.0505, Flo	rida Statut	es.						
SIGNATURE								·		
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE	; Registered A			when reinstating)	DATE			
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applicable. (NOTE	Registered A	gent si			DATE			
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agent OFFICERS ANI	t and title if applicable. (NOTE	Registered A	gent si		when reinstating)	DATE	DIRECTO	RS IN 12	00,73
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS ANI P VIAMONTES, JOSE A	t and title if applicable. (NOTE	13. 1.1 TITL	ent si	ignature required	when reinstating)	DATE	DIRECTO	RS IN 12	00,757
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS ANI P VIAMONTES, JOSE A 1100 WEATHERBY ROAD	t and title if applicable. (NOTE	13. 1.1 TITL 1.2 NAA 1.3 STR	gent si E ME	pignature required	when reinstating)	DATE	DIRECTO	RS IN 12	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS ANI P VIAMONTES, JOSE A 1100 WEATHERBY ROAD FT. PIERCE FL 34982	t and title if applicable. (NOTE	13. 1.1 TITL	E AE REETAL Y-ST-Z	pignature required	when reinstating)	DATE	DIRECTO	RS IN 12	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	P VIAMONTES, JOSE A 1100 WEATHERBY ROAD FT. PIERCE FL 34982 ST	t and title if applicable. (NOTE D DIRECTORS DELETE	13. 1.1 TITL 1.2 NAA 1.3 STR 1.4 CIT 2.1 TITL	E ME REET AL Y-ST-Z	pignature required	when reinstating)	DATE	DIRECTO	RS IN 12	
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	P VIAMONTES, JOSE A 1100 WEATHERBY ROAD FT. PIERCE FL 34982 ST VIAMONTES, RAFAEL J	t and title if applicable. (NOTE D DIRECTORS DELETE	13. 1.1 TITL 1.2 NAA 1.3 STR 1.4 CIT 2.1 TITL 2.2 NAA	E AE EEET AD Y-ST-Z .E	DDRESS	when reinstating)	DATE	DIRECTO	RS IN 12	
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with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information entitle 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 elegic or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in attachinest with an address, with all other like empowered. 14. I hereby certify that the information supply indicated on this annual report of supple officer or director of the corporation of the Block 12 or Block 13 if changed, or on an

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP