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
95 JUL 10 AM 9:4
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000016492 (9)

1. Corporation Name
O & G PRODUCE, CORP.

Principal Place of Business	Mailing Address
1743 NW 21ST ST. MIAMI FL 33142 US	6220 W. 28TH ST. MIAMI FL 33155 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/03/1993
3a. Date of Last Report: 06/09/1994

2. Principal Place of Business: 6295 S.W. 28 ST
2a. Mailing Address: 6295 S.W. 28 ST
Suite, Apt. #, etc.:
City & State: MIAMI FL
Zip: 33155 County: DADE

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Suite, Apt. #, etc.:
City & State: MIAMI FL.
Zip: 33155 County: DADE

4. FEI Number: 65-0391135 ☐ 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

9. Name and Address of Current Registered Agent

GARCIA, ORLANDO R
6220 W 28TH ST. 6295 S.W. 28 ST
MIAMI FL 33155

10. Name and Address of New Registered Agent

81 Name: GARCIA, ORLANDO R.
82 Street Address (P.O. Box Number is Not Acceptable): 6295 S.W. 28 ST
83
84 City: MIAMI FL 85 Zip Code: 33155

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: 4/11/95
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	DP GARCIA, ORLANDO R 6220 SW 28TH ST. MIAMI FL	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition DP GARCIA, ORLANDO R. 6295 S.W. 28 ST MIAMI FL. 33155
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition REMITTED BY MAY 1
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 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)(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: _____ 6-29-95 661-9995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0186570 CP