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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000020095 (4)

TRULY TROPICAL FRUITS, INC.

FILED May 01 1998 8:00am Secretary of State



Principal Place of Business Mailing Address									161 ma li m (18 11	## *** #* *** (1	TIME STATE CARL	
4400 GRANADA BLVD			P.O. BOX 431272									
CORAL GABLES FL 33146			MIAMI FL 33243					DO NOT WRITE IN THIS SPACE				
			US					3. Date Incorporated or Qualified	114 11 110 0			1
								03/17/1993				
2 Principal I	Place of Business	2a, Mailing Address					4. FEI Number		T IA	pplied For	1	
21				26 7446 SW 48 Street				APPLIED FOR			ot Applicable	1
Sulte, Apt	#, etc.		Suite, Apt. #, etc.					П	\$8.75	Additional	1	
22			27 Unit	27 Unit 32				5. Certificate of Status Desired	<u> </u>	Fee R	equired	
City & Sta	ite	City & S	City & State				6. Election Campaign Financing \$5.00 May Be					
23			28 Miami, FL.					Trust Fund Contribution Added to Fees				
Zip		├── 、 ` 33155			untry		8. This corporation owes or has pa					
24 25 25 26 26 27 28 28 28 28 28 28 28 28 28 28 28 28 28			29 30			,l		Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent				-
			Registered Ag	ent		81	Name	10. Name and Address of New Re	Jistered A	gent		┨
RODRIGUEZ, DANIEL A						°'	Name					
	400 GRANADA B					Street Add	ress (P.O. Box Number is Not Acceptab	le)				
	ORAL GABLES F										+	
'	•					83						
						84	City		FL	85 Zip	Code	
dd Diwayan	t to the provisions s	Sections 607 0503	and 607 1508	Florida Statu	tos the a	hove	anamed con	poration submits this statement for the p	urnose of	changing i	its registered	1
l office or	registered agent, o	v both, in the State i	of Florida, Such.	change was	authorize	d bv	the corpora	tion's board of directors. I hereby accep	ot the appo	intment as	s registered	
agent. I	am familiar with, an	d accept the obliga	tions of, Section	1607.0505, F	iorida Sia	tutes	i.					
SIGNATURE	Signature Israed or prod	ed name of registered agen	d and title if applicable	. (NO	TE: Bogistere	d Age	nt signature regu	irad when reinslating)	DATE			ہا
12. OFFICERS AND								ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTO	RS IN 12	10/01
TITLE	D		DELETE 1.1		TLE				Change	☐ Addition]5	
NAME	RODRIGUEZ		; 1.2 N								FOR	
STREET ADDRESS		1.3 ST			.3 STREET ADDRESS						Ĭ	
CITY-ST-ZIP	CORAL GAB				CITY-ST-ZIP						<u>,</u>	
TITLE	1			☐ DELETE 2.1 T 2.2 N						Change	Addition	٦
NAME												
STREET ADDRESS	; 		· ·			ADDRESS						
CITY-ST-ZIP	<u> </u>						ST-ZIP			Change	Addition	┨
TITLE				□ ntrcit	31 T					or realing to		
NAME					32 N		ADDOLCE					
•	STREET ADDRESS					THEET CITY-S	ADDRESS					
CITY-ST-ZIP	1			DELETE	3.4. I) - EIF			Change	Addition	1
NAME			,			NAME	ŀ					
STREET ADDRESS	,						ADDRESS					
CITY-ST-ZIP	'					ITY-S						1
TITLE	 			DELETE	5.1 T			. }		Change	Addition	1
NAME					5.2 N							
STREET ADORESS	<u>.</u> [5.3 \$			ADDRESS	DRESS J J J					
CITY-ST-ZIP					5.40	aty-\$	T-ZIP	→ 0000025 	D:er	120		1
TITLE				DELETE	6.1 T			US7U479801	028	The hardye	Addition	
NAME					6.2	AME		***15U.00		, JU		
STREET ADDRESS					6.3 9	TREET	ADDRESS					
CITY-ST-ZIP	<u> </u>				6.4 (ITY-S	T-ZIP					4
14. I hereby	certify that the info	rmation supplied wi	th this filing doe	s not qualify	for the ex	emp	tion stated in	Section 119.07(3)(i), Florida Statutes. I	further ce	rtify that th	e information	

indicated on this annual report or suppliemental 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.