

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

FILED
Apr 19, 1999 8:00 am
Secretary of State

04-19-1999 90009 037 ***150.00

DOCUMENT # P93000037250

1. Corporation Name

FOUR SEASONS PRODUCE, CORP.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
151 MAJORCA AVENUE
SUITE C
CORAL GABLES FL 33134

Mailing Address
151 MAJORCA AVENUE
SUITE C
CORAL GABLES FL 33134

3. Date Incorporated or Qualified
05/21/1993

4. FEI Number
65-0409670

Applied For
Not Applicable

2. Principal Place of Business
21 2121 PONCE DE LEON BLVD.
Suite, Apt. #, etc.

22 240
City & State

23 CORAL GABLES, FL
Zip Country

24 33134 25 USA
26 2121 PONCE DE LEON BLVD.
Suite, Apt. #, etc.

27 240
City & State

28 CORAL GABLES, FL
Zip Country

29 33134 30 USA

5. Certificate of Status Desired XX \$8.75 Additional
Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

PRATS, GABRIEL
151 MAJORCA AVE #C
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name
GABRIEL PRATS
82 Street Address (P.O. Box Number is Not Acceptable)
2121 PONCE DE LEON BLVD.
83 SUITE 240
84 City
CORAL GABLES, FL 85 Zip Code
33134

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-22-99

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
P D	ACOSTA, HUGO JR.	4876 SOUTHWEST 154TH PLACE	MIAMI FL 33185	<input type="checkbox"/>
VP D	HERNANDEZ, DIOSDADO	2900 SOUTHWEST 108TH PLACE	MIAMI FL 33165	<input type="checkbox"/>
DST	MEDINA, DELJO	6201 SOUTHWEST 151ST PLACE	MIAMI FL 33193	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/99 305-633-4640
Date Daytime Phone #

CR2E034 (11/98)