FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000071410 (3)**

1. Corporation Name

OSHAWA GROUP PRODUCE INC.

Principal Place of Business	Mailing Address
150 SW 12 AVE STE 310B POMPANO BCH FL 33069 US	302 THE EAST MALL STE 200 ETOBICOKE ON M9B 6-8 CN

3. Date Incorporated or Qualified: 10/14/1993	3a. Date of Last Report: 03/09/1995
4. FEI Number: 65-0441887	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

HODSGON, RUSS, ANDREWS, WOODS & GOODYEAR
2000 GLADES RD
STE 400
BOCA RATON FL 33431

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 _____ DATE _____
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	C	☐ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	GRAHAM, ALLISTER		1.2 NAME	Robert E. Boyd	
STREET ADDRESS	82 PETTIT DR		1.3 STREET ADDRESS	180 Maple Grove Drive	
CITY-ST-ZIP	ETOBICOKE ON		1.4 CITY-ST-ZIP	Oakville, Ontario	
TITLE	P	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WOLFE, MYRON		2.2 NAME		
STREET ADDRESS	40 OAKLANDS DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	TORONTO ON		2.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WOLFE, JONATHAN		3.2 NAME		
STREET ADDRESS	1166 BAY STR		3.3 STREET ADDRESS		
CITY-ST-ZIP	TORONTO ON		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DUTTON, ANTHONY		4.2 NAME		
STREET ADDRESS	% 2000 GLADES RD, STE 400		4.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		4.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	EISEN, LEONARD		5.2 NAME		
STREET ADDRESS	15 COBDEN STR		5.3 STREET ADDRESS		
CITY-ST-ZIP	WILLOWDALE ON		5.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	EWERT, DARRELL		6.2 NAME		
STREET ADDRESS	241 INDIAN GROVE		6.3 STREET ADDRESS		
CITY-ST-ZIP	TORONTO ON		6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(k), 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: D Ewert Darrell Ewert February 5, 1996 (416) 234-7961

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #