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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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
WOOLBRIGHT CORPORATE CENTER 1903 S CONGRESS AVE.. S-300 BOYNTON BCH. FL 33426 US	WOOLBRIGHT CORPORATE CENTER 1903 S CONGRESS AVE.. S-300 BOYNTON BCH. FL 33426-6558 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/14/1993	3a. Date of Last Report 02/12/1996
Suite, Apt. #, etc 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0441887	☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	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	10. Name and Address of New Registered Agent
HODSGON, RUSS, ANDREWS, WOODS & GOODYEAR 2000 GLADES RD STE 400 BOCA RATON FL 33431	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		☐ Change ☐ Addition
NAME	GRAHAM, ALLISTER		1.2 NAME		
STREET ADDRESS	82 PETTIT DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	ETOBICOKE ON		1.4 CITY-ST-ZIP		
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 (9/96)

14. I do 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.

SIGNATURE: Leonard Eisen LEONARD EISEN Jan. 15, 1997 (416) 234-7910
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #