

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
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DOCUMENT # P93000071410

1. Corporation Name
OSHAWA GROUP PRODUCE INC.

Principal Place of Business
**WOOLBRIGHT CORPORATE CENTER
1800 S CONGRESS AVE., S-300
BOYNTON BCH FL 33426
US**

Mailing Address
**WOOLBRIGHT CORPORATE CENTER
1800 S CONGRESS AVE., S-300
BOYNTON BCH FL 33426
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/14/1993	Applied For ☐ Not Applicable
4. FEI Number 65-0441887	
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

**HODGSON, 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 607.1506, 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	C	☒ DELETE
NAME	GRAHAM, ALLISTER	
STREET ADDRESS	82 PETTIT DR	
CITY-ST-ZIP	ETOBICOKE ON	
TITLE	P	☒ DELETE
NAME	WOLFE, MYRON	
STREET ADDRESS	40 OAKLANDS DR	
CITY-ST-ZIP	TORONTO ON	
TITLE	V	☒ DELETE
NAME	WOLFE, JONATHAN	
STREET ADDRESS	17 STRATHEARN RD	
CITY-ST-ZIP	TORONTO ON	
TITLE	D	☐ DELETE
NAME	DUTTON, ANTHONY	
STREET ADDRESS	% 2000 GLADES RD, STE 400	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	T	☒ DELETE
NAME	EISEN, LEONARD	
STREET ADDRESS	15 CORDEN STR	
CITY-ST-ZIP	WILLOWDALE ON	
TITLE	S	☐ DELETE
NAME	EWERT, DARRELL	
STREET ADDRESS	241 INDIAN GROVE	
CITY-ST-ZIP	TORONTO ON	

1.1 TITLE	C	☒ Change ☐ Addition
1.2 NAME	STEWART, DOUGLAS	
1.3 STREET ADDRESS	223 SEABIRCH DRIVE	
1.4 CITY-ST-ZIP	PICTOU, NOVA SCOTIA	
2.1 TITLE	P	☒ Change ☐ Addition
2.2 NAME	SOBEY, JOHN	
2.3 STREET ADDRESS	48 WEIR AVENUE	
2.4 CITY-ST-ZIP	STELLARTON, NOVA SCOTIA	
3.1 TITLE	V	☒ Change ☐ Addition
3.2 NAME	ROWE, ALLAN	
3.3 STREET ADDRESS	312 FORBES STREET	
3.4 CITY-ST-ZIP	NEW GLASGOW, NOVA SCOTIA	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 REQUIRED
Darrell R. Ewert, Secretary

April 8, 1999 416-236-1971

Date

Daytime Phone

CR2E034 (1/98)