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

PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: X



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P93000074892 (9)

THE PRODUCE CONNECTION, INC.

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Ρ	rincipal Place	of Business	 S		Mailing Address					E is divol e yan ining suul bo hki behal oni	ii addir ibari d	1001 (DIN 101		
2260 N.W. 13TH AVE. MIAMI FL 33142					2260 N.W. 13TH AVE. MIAMI FL 33142-7706									
										3. Date Incorporated or Qualified 10/28/1993		te of Last 6/1996		_
2. Principal Place of Business					2a. Mailing Address					4. FEI Number 65-0447131			Applied For Not Applicable	_
Suite. Apt. #. etc.					Suite, Apt #, etc.								Additional	-
22					27					5. Certificate of Status Desired		Fee F	Required	
City & State					City & State					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
	Zip 1		Country	.	Zip		Count	гу		8. This corporation has liability for			s. 199.032,	_
24			and Address		29 calstered Age	nt	30	•		Florida Statutes 10. Name and Address of New Re	Yes _			_
-	RON	CA, PAUL					8	1	Name					-
	1791	2 NW 11 S					8:	2	Street Addre	ess (P.O. Box Number is Not Accepta	ble)			
	PEMI	BRUKE PIN	NES FL 3302	y			8:	3						-
•							B.	4	City			85 Zip	Code	
L					1000 1000 0			\perp			<u>FL</u>			
	office or re agent if ai IGNATURE	egistered ag in fani-liar wi	ent, or both, m th, and accept	the State of F the obligation	Torida Such c is of, Section €	hange was a 807 0505, Flo	authorized t orida Statuti	by es.	the corporati	oration submits this statement for the ion's board of directors. I hereby acce	purpose or pt the appo	onanging ointment a	is registered	
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[TREET ADDRESS	 					6.4 V	CT	7(0)					į
-	ITY-\$1-ZIP 14. I do heret	by certify that	at the information	on supplied wi	ith this filing do	oes not qual	ify for the ex	en	nption stated	in Section 119.07(3)(i), Florida Statute	s. I further	certify tha	at the	-
	informatio Lam an o appears i	ori indicated ifficer or dire in Block 12 d	on this annual ctor of the cor or Biock 13 if c	report of supportation or the report of the report of or the	plemental annu Fred elver or tru av attachmen	ual report is ustee empov it with an ad	true and ico wered to i.e dress.	cur ecu	rate and that ute this report	in Section 119 07(3)(i), Florida Statute my signature shall have the same leg t as required by Chapter 607, Florida	al effect as Statutes; an	if made ui id that my	nder oath; tha name	t

NAME OF SIGNING OFFICER OR DIRECTO

FILED Jan 22 1997 8:00am Secretary of State

(2E034 (9/96)

105-633-0011

Daylime Phone # 0195256