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FILED

Jan 28 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P94000001109 (5)

1. Corporation Name  
ALEX'S PRODUCE, INC.



Principal Place of Business

3571 NW 85TH WAY  
SUITE 107  
SUNRISE FL 33351

Mailing Address

3571 NW 85TH WAY  
SUITE 107  
SUNRISE FL 33351-8827

3. Date Incorporated or Qualified  
12/16/1993

3a. Date of Last Report  
02/29/1996

2. Principal Place of Business

21 10760 SW 14<sup>th</sup> CT.  
Suite, Apt. #, etc.

2a. Mailing Address

26 10760 SW 14<sup>th</sup> CT.  
Suite, Apt. #, etc.

4. FEI Number  
65-0469239

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

22 City & State

23 DAVIE, FL

24 33324

Country

25 BROWARD

27 City & State

28 DAVIE, FL

29 33324

Country

30 BROWARD

9. Name and Address of Current Registered Agent

ROSEN, JEROME  
4505 NW 31ST AVE.  
FT. LAUDERDALE FL 33309

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE  
NAME D'OTO, MICHELE  
STREET ADDRESS 3571 NW 85TH WAY #107  
CITY-ST-ZIP SUNRISE FL 33351

TITLE S ☐ DELETE  
NAME D'OTO, SUZANNE  
STREET ADDRESS 3571 NW 85TH WAY  
CITY-ST-ZIP SUNRISE FL 33351

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME 10760 SW 14<sup>th</sup> CT.  
1.3 STREET ADDRESS DAVIE, FL 33324  
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME 10760 SW 14<sup>th</sup> CT.  
2.3 STREET ADDRESS DAVIE, FL 33324  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

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 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:

*Michele D'oto*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHELE D'OTO - PRESIDENT 1-13-97 954 455-9477

Date

Daytime Phone #

CR2E034 (9/96)