

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

FILED

May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P. 9400000304B**
1. Corporation Name

QRM PRODUCE CORP.

Principal Place of Business

Mailing Address

PRINCIPAL =
1832 SW 17th Avenue
MIAMI, FL 33145

Same

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

JANUARY-14-1994

4. FEI Number

65-0465744

Applied For

Not Applicable

2. Principal Place of Business

21. Suite, Apt. #, etc.

SAME

22. City & State

MIAMI Florida

23. Zip

33145

Country

USA

2a. Mailing Address

26. Suite, Apt. #, etc.

SAME

27. City & State

MIAMI Florida

28. Zip

33145

Country

USA

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 owes or has paid the current year Intangible Personal Property Tax due June 30.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81. Name

SAME

82. Street Address (P.O. Box Number is Not Acceptable)

1832 SW 17th Avenue

83. City

MIAMI

84. State

FL

85. Zip Code

33145

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 responsibilities of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent, if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
WALFRIDO A MORENO PONTES
DIRECTOR

☐ DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
JOSE D. VELER
DIRECTOR

☐ DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
8011 SW 20th Street
MIAMI, Florida

☐ Change ☐ Addition
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
1232 SW 17th Avenue
MIAMI-Florida 33145

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

☐ Change ☐ Addition
4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition
5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
100002518441
-05/11/98--01047--021
*****150.00**

☐ Change ☐ Addition
6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
100002518441
-05/11/98--01047--022
*****8.75**

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 attached form with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

27 APR 1998 1-305-854-4917

CR2E034 (10/97)