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Mar 19 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 # P94000021876 (5)

1. Corporation Name
ANDRE & SON PRODUCE, INC.



Principal Place of Business: **509 HOLIDAY DRIVE HALLANDALE FL 33009**
 Mailing Address: **509 HOLIDAY DRIVE HALLANDALE FL 33009-8521**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/16/1994	3a. Date of Last Report 03/12/1996
21. Subst. Apt. #, etc.	26. Subst. Apt. #, etc.	4. FEI Number 65-0477018		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country	29. Country	30. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			
JOVANOVIC, DOUGLAS 888 SE 3 AVE SUITE 400 FT LAUDERDALE FL 33316		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: _____
(NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PSD	11 TITLE	PVTD
NAME	FECTEAU, ANDRE	12 NAME	
STREET ADDRESS	509 HOLIDAY DR	13 STREET ADDRESS	
CITY-STATE-ZIP	HALLANDALE FL 33009	14 CITY-STATE-ZIP	
TITLE	VTD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FECTEAU, GABRIELLE	2.2 NAME	
STREET ADDRESS	509 HOLIDAY DR	2.3 STREET ADDRESS	
CITY-STATE-ZIP	HALLANDALE FL 33009	2.4 CITY-STATE-ZIP	
TITLE	T	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SYLVAIN, FECTEAU	3.2 NAME	
STREET ADDRESS	509 HOLIDAY DR	3.3 STREET ADDRESS	
CITY-STATE-ZIP	HALLANDALE FL 33009	3.4 CITY-STATE-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-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: *Andre Fecteau* **ANDRE FECTEAU** 3/12/97 954-457-7331
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Listing Phone #

CR2E034 (9/96)