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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

P94000027218 (4) DOCUMENT # J. JESUS MORENO HARVESTING INC. Principal Place of Business Mailing Address 1524 CARNAHAN AVENUE 2413 SE HWY 31 ARCADIA FL 33821 ARCADIA FL 33821 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/07/1994 2. Principal Place of Business 2a. Mailing Address Applied For 65:0501826 26 Not Applicable 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible ☐ No Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name SYBIL GIANGUZZO 2413 SE HWY 31 Street Address (P.O. Box Number is Not Acceptable) ARCADIA FL 34266 84 City 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, typed or printed name of registered agent and title if applicable 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. DELETE 1.1 TITLE ☐ Change ☐ Addition MORENO, J. JESUS 1.2 NAME 1524 CARNAHAN AVENUE STREET ADDRESS 1.3 STREET ADDRESS ARCADIA FL 33821 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2 1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-\$1-20P DELETÉ Change Addition TITLE 3.1 TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 41 TITLE TITLE 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 City-St-ZiP DELETE 5.1 TITLE Change Addition TITLE STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition 61 TITLE TITS F

14. Thereby 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 of 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.

6 2 NAME

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

Lleve Mario

4-30-98

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FILED

May 08 1998 8:00am

Secretary of State

CR2E034 (10/97)