

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P94000065464 (7)

1. Corporation Name

MORALE BROTHERS PRODUCE, INC.

APPROVED
AND
FILED

95 MAY -1 AM 4:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

3745 N.W. 98TH AVE.
CORAL SPRINGS FL 33065

Mailing Address

3745 N.W. 98TH AVE.
CORAL SPRINGS FL 33065

DO NOT WRITE IN THIS SPACE

3. Date incorporated or organized

09/06/1994

3a. Date of Last Report

2. Principal Place of Business

21. Morale Brothers Produce

State Apt # etc

22. 548 NE 28 CT

City & State

23. Pompano Beach

City & State

24. 33064

25. USA

26. 29

27. 30

2a. Mailing Address

27. State Apt # etc

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4. FET Number

65-0519565

5. Certificate of Status Desired

5. Election Campaign Financing

Trust Fund Contribution

8. This corporation has liability or intangible tax under s. 199.037

Florida Statutes. ☒ Yes ☐ No

Applied For

Not Applicable

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81. Name THOMAS J. ROEL

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

83. SUITE 215

84. City MIAMI

FL

85. Zip Code

33130

11. I, the undersigned, the president of the corporation, do hereby certify that the above named corporation submits this statement for the purposes of changing its registered office to the state of Florida, and that the corporation has complied with the provisions of Section 607.04, Florida Statutes, and that the corporation has complied with the provisions of Section 607.04, Florida Statutes, and that the corporation has complied with the provisions of Section 607.04, Florida Statutes.

SIGNATURE OF THOMAS J. ROEL

THOMAS J. ROEL

4/27/95

12. OFFICERS AND DIRECTORS

12a. NAME

12b. ADDRESS

12c. CITY & STATE

12d. ZIP CODE

12e. TITLE

12f. STREET ADDRESS

12g. CITY & STATE

12h. ZIP CODE

12i. TITLE

12j. STREET ADDRESS

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CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # P94000066066 (9)

STAR OF EBONY INVESTMENT CLUB, INC.

OFFICE OF THE SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Principal Office of Incorporation 4409 NORTHWEST 207TH DRIVE CAROL CITY FL 33055		2a. Mailing Address 4409 NORTHWEST 207TH DRIVE CAROL CITY FL 33055	
2. Principal Office of Incorporation 21	2a. Mailing Address 26	3. Date of Incorporation or Creation 09/08/1994	3b. Date of Last Report
22	27	4. FEI Number 650-51-2331	Applied For Not Applicable
23	28	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
24	29	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
25	30	7. This corporation has liability for advertising for election purposes under Chapter 100, Florida Statutes ☐ Yes ☒ No	

9. Name and Address of Current Registered Agent AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134		10. Name and Address of New Registered Agent 81 Name Samuel James Jr 82 Street Address (P.O. Box Number is Not Acceptable) 505 NW 177 St Apt 219 83 CLOVER LEAF Apts 84 City MIAMI FL 85 Zip Code 33169	
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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 to be registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept this appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: *Samuel James Jr*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME THOMAS, VIVIAN L 2. STREET ADDRESS 4409 NORTHWEST 207TH DRIVE 3. CITY AND STATE CAROL CITY FL 33055		1. NAME 2. STREET ADDRESS 3. CITY AND STATE	☐ Change ☐ Addition
4. NAME 5. STREET ADDRESS 6. CITY AND STATE		7. NAME 8. STREET ADDRESS 9. CITY AND STATE	☐ Change ☐ Addition
10. NAME 11. STREET ADDRESS 12. CITY AND STATE		13. NAME 14. STREET ADDRESS 15. CITY AND STATE	☐ Change ☐ Addition
16. NAME 17. STREET ADDRESS 18. CITY AND STATE		19. NAME 20. STREET ADDRESS 21. CITY AND STATE	☐ Change ☐ Addition
22. NAME 23. STREET ADDRESS 24. CITY AND STATE		25. NAME 26. STREET ADDRESS 27. CITY AND STATE	☐ Change ☐ Addition
28. NAME 29. STREET ADDRESS 30. CITY AND STATE		31. NAME 32. STREET ADDRESS 33. CITY AND STATE	☐ Change ☐ Addition
34. NAME 35. STREET ADDRESS 36. CITY AND STATE		37. NAME 38. STREET ADDRESS 39. CITY AND STATE	☐ Change ☐ Addition
40. NAME 41. STREET ADDRESS 42. CITY AND STATE		43. NAME 44. STREET ADDRESS 45. CITY AND STATE	☐ Change ☐ Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Sections 607.0502 and 607.1508, Florida Statutes. I further certify that the information is true and correct as of the date of filing and that the corporation has not changed its registered office, name, or both, since the date of filing. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes, and that my duties require me to file this statement as an attachment with an address.

SIGNATURE: *Vivian L Thomas* 4-27-95
SIGNATURE AND TYPED OR PRINTED NAME OF ISSUING OFFICER OR DIRECTOR

0116087 CM