

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 30 AM 10:03

DOCUMENT # **P94000075768 (9)**

1. Corporation Name

**FRUTEX, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 331562  
COCONUT GROVE FL 33133

P.O. BOX 331562  
COCONUT GROVE FL 33133

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified  
**10/14/1994**

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FERREIRO, JOHN  
719 VALENCIA AVENUE  
CORAL GABLES FL 33134**

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

**FL**

B5 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: PDVS  
NAME: FERREIRO, JOHN D  
STREET ADDRESS: 719 VALENCIA AVE.  
CITY - ST - ZIP: CORAL GABLES FL 33134

1.1 TITLE:  Change  Addition  
1.2 NAME:  
1.3 STREET ADDRESS: 9390 S.W. 77th Ave D2  
1.4 CITY - ST - ZIP: Miami, FL 33156

TITLE:  
NAME:  
STREET ADDRESS:  
CITY - ST - ZIP:

2.1 TITLE:  Change  Addition  
2.2 NAME:  
2.3 STREET ADDRESS:  
2.4 CITY - ST - ZIP:

TITLE:  
NAME:  
STREET ADDRESS:  
CITY - ST - ZIP:

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

TITLE:  
NAME:  
STREET ADDRESS:  
CITY - ST - ZIP:

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

TITLE:  
NAME:  
STREET ADDRESS:  
CITY - ST - ZIP:

5.1 TITLE:  Change  Addition  
5.2 NAME:  
5.3 STREET ADDRESS:  
5.4 CITY - ST - ZIP:

TITLE:  
NAME:  
STREET ADDRESS:  
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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that the information included 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:

*J. Ferrero* J. Ferrero

1-25-95 (085) 441-5914

Date

Daytime Phone #