

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000086765 (2)**

1. Corporation Name

FLORIDA LIME AND AVOCADO INDUSTRY, INC.



Principal Place of Business

**18400 SW 256 ST
HOMESTEAD FL 33090
US**

Mailing Address

**P.O. BOX 900160
HOMESTEAD FL 33090
US**

3. Date Incorporated or Qualified 11/30/1994	3a. Date of Last Report 04/26/1995
4. FEI Number 65-0545325	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	

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

25

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORPORATION COMPANY OF MIAMI
201 S. BISCAYNE BLVD.
1600 MIAMI CENTER
MIAMI FL 33131**

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

Signature of the person authorized to change the registered office or registered agent in the State of Florida

NOTE: Registered Agent Signature required when registering

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	VPSD	☐ DELETE
NAME	CRAIG WHEELING	
STREET ADDRESS	18400 SW 256 ST	
CITY-STATE-ZIP	HOMESTEAD FL	
TITLE	VPD	☐ DELETE
NAME	HERBIE YAMGMURA	
STREET ADDRESS	18400 SW 256 ST	
CITY-STATE-ZIP	HOMESTEAD FL	
TITLE	VPD	☐ DELETE
NAME	BARNEY RUTZKE	
STREET ADDRESS	18400 SW 256 ST	
CITY-STATE-ZIP	HOMESTEAD FL	
TITLE	VPD	☐ DELETE
NAME	DIEGO RODRIGUEZ	
STREET ADDRESS	18400 SW 256 ST	
CITY-STATE-ZIP	HOMESTEAD FL	
TITLE	P	☐ DELETE
NAME	DOLF KAHLE	
STREET ADDRESS	18400 SW 256ST	
CITY-STATE-ZIP	HOMESTEAD FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-STATE-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-STATE-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-STATE-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-STATE-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dolf Kahle - Dolf Kahle

1/19/96

Date

305
247 3544

Registered Phone #

CR2E034 (12/95)