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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra D. Mathwin
Secretary of State
DIVISION OF CORPORATIONS

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000093169 (8)**

1. Corporation Name

RAY'S PRODUCE INC.

Principal Place of Business

**9412 S.W. 4TH LANE
MIAMI FL 33174**

Mailing Address

**9412 S.W. 4TH LANE
MIAMI FL 33174**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/23/1994

3a. Date of Last Report

4. FEI Number

65-0550652

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

**\$5.00 May Be
Added to Fees**

7. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

2. Principal Place of Business

21. State Apt. # etc

22. City & State

23. Zip

2a. Mailing Address

26. State Apt. # etc

27. City & State

28. Zip

30. Country

9. Name and Address of Current Registered Agent

**QUERALTO, RAY
9412 S.W. 4TH LANE
MIAMI FL 33174**

10. Name and Address of New Registered Agent

B1. Name

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

B3. City

B4. State

FL

B5. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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

12. OFFICERS AND DIRECTORS

13. AGENTS

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

**D
QUERALTO, RAY
9412 S.W. 4TH LANE
MIAMI FL 33174**

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP

P/D

Change Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

**D
QUERALTO, NANCY G
9412 S.W. 4TH LANE
MIAMI FL 33174**

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY, ST, ZIP

Change Addition

14. I, the undersigned, certify that the information supplied with this filing is so carefully furnished and does not qualify for the exemption stated in Section 119.021, Florida Statutes. I further certify that the information supplied in this annual report or long-term 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 on Block 1, or Block 1a if changed, on an attachment with an address.

SIGNATURE:

Ray Queralto

Ray Queralto
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-24-95

(305)223-7699