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Jan 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000006637 (9)

1. Corporation Name

EXECUTIVE PRODUCE, INC.

Principal Place of Business

5601 BISCAYNE BLVD.
MIAMI FL 33137

Mailing Address

5601 BISCAYNE BLVD.
MIAMI FL 33137-2634



3. Date Incorporated or Qualified
01/23/1995

3a. Date of Last Report
02/27/1996

2. Principal Place of Business

21 12555 Biscayne Boulevard

Suite, Apt. #, etc.

22 Suite 941

City & State

23 Miami, Florida

Zip

24 33181

Country

25 DADE

2a. Mailing Address

26 12555 Biscayne Boulevard

Suite, Apt. #, etc.

27 Suite 941

City & State

28 Miami, Florida

Zip

29 33181

Country

30 DADE

4. FEI Number

65-0558420

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

ROSEN, STEVEN M
5601 BISCAYNE BLVD.
MIAMI FL 33137

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

1/16/97

12. OFFICERS AND DIRECTORS

TITLE D
NAME ROSEN, STEVEN M
STREET ADDRESS 5601 BISCAYNE BLVD.
CITY-ST-ZIP MIAMI FL 33137
DELETE XXXX

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE P, D
12 NAME PETERS, MIKE
13 STREET ADDRESS 12555 BISCAYNE BOULEVARD, SUITE 941
14 CITY-ST-ZIP MIAMI, FLORIDA 33181
Change Addition

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
Change Addition

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
Change Addition

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
Change Addition

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
Change Addition

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP
Change Addition

14. I do hereby 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 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

01-16-97

(305) 636-5300

Date

Daytime Phone #

CR2E034 (9/96)