FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000036278 (6)**

1. Corporation Name

GREENFIELDS PRODUCE COMPANY

Principal Place of Business	Mailing Address
1470 PORT BOULEVARD DODGE ISLAND FL 33132	POST OFFICE BOX 592936 MIAMI FL 33159-2936

3. Date Incorporated or Qualified: 05/09/1995
3a. Date of Last Report:

2. Principal Place of Business
21 8405 N.W. 53RD STREET
22 Suite, Apt. #, etc: A-104
23 City & State: MIAMI, FL
24 Zip: 33166 25 Country: U S A

2a. Mailing Address
26 P.O. BOX 59-2936
27 Suite, Apt. #, etc:
28 City & State: MIAMI, FL
29 Zip: 33159-2936 30 Country: U S A

4. FEI Number: 65-0578607 ☐ 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

~~THE LAW FIRM OF LAWRENCE J SPIEGEL CHRTD~~
~~343 ALMERIA AVENUE~~
~~CORAL GABLES FL 33134~~

10. Name and Address of New Registered Agent

81 Name: KENNETH M. HALLER, CPA
82 Street Address (P.O. Box Number is Not Acceptable): 12515 N. KENDALL DRIVE #314
83
84 City: MIAMI FL 85 Zip Code: 33186

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. The 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: Kenneth M. Haller — KENNETH M. HALLER — 8/12/96
Signature, typed or printed name of registered agent, and date. Required.
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSTD	☐ DELETE	11 TITLE	PT	☒ Change ☐ Addition
NAME	TORRES, GONZALO JR		12 NAME	TORRES, GONZALO, JR.	
STREET ADDRESS	900 N.W. 15 AVE.		13 STREET ADDRESS	8405 N.W. 53RD STREET, #A-104	
CITY-ST-ZIP	POMPANO BEACH FL 33069		14 CITY-ST-ZIP	MIAMI, FL. 33166	
TITLE		☐ DELETE	21 TITLE	VPS	☐ Change ☒ Addition
NAME			22 NAME	FAYA, CLARA M.	
STREET ADDRESS			23 STREET ADDRESS	8405 N.W. 53RD STREET, #A-104	
CITY-ST-ZIP			24 CITY-ST-ZIP	MIAMI, FL. 33166	
TITLE		☐ DELETE	31 TITLE		☐ Change ☐ Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE		☐ Change ☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE		☐ Change ☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	61 TITLE		☐ Change ☐ Addition
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY-ST-ZIP			64 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 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] GONZALO TORRES, JR. 8/12/96 (305) 418-4321
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)