Applied For

Fee Required

\$5.00 May Be

Added to Fees

□No

Not Applicable \$8.75 Additional

## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000037011

Country

9. Name and Address of Current Registered Agent

25

1. Corporation Name

City & State

23

24

Zip

ROBERT C. PHODUCE, INC.			
Principal Place of Business	Mailing Address		
3206 W. 78TH ST. HIALEAH FL 33016	3206 W. 78TH ST. HIALEAH FL 33016		
Principal Place of Business	2a. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		

28

29

Zip

City & State

## **FILED** Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90081 047 \*\*\*150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed

05/10/1995 4. FEI Number

65-0584324

5. Certificate of Status Desired

Trust Fund Contribution

Personal Property Tax.

Election Campaign Financing

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

	82 Stre	
NEREY, ROBERTO 3206 W. 78TH ST.		eet Address (P.O. Box Number is Not Acceptable)
HIALEAH FL 33016	83	
		10-17:01
	84 City	FL 85 Zip Code
<ol> <li>Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, office or registered agent, or both, in the State of Florida. Such change was authoragent. I am familiar with, and accept the obligations of, Section 607.0505, Florida</li> </ol>	orized by the co	ned corporation submits this statement for the purpose of changing its registered
SIGNATURE		ture required when reinstation) DATE
		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12. OFFICERS AND DIRECTORS  TITLE PTD DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
NAME NEREY, ROBERTO	1.2 NAME	
STREET ADDRESS 3206 W. 78TH ST.	1.3 STREET ADDRE	ESS
CITY-ST-ZIP HIALEAH FL 33016	1.4 CITY-ST-ZIP	
TITLE VSD DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME CHAVEZ, CARMEN	2.2 NAME	· ·
STREET ADDRESS 3206; W. 78TH ST.	2.3 STREET ADORS	ESS
CITY-ST-ZIP HIALEAH FL 33016	2.4 CITY-ST-ZIP	
TITLE DELETE	3.1 TITLE	Change Addition
NAME	3.2 NAME	
STREET ADDRESS	3.3 STREET ADDRE	ESS
CITY-ST-ZIP	3.4. CITY-ST-ZIP	
TITULE DELETE	4.1 TITLE	Change Addition
NAME	4. 2 NAME	·
STREET ADDRESS	4.3 STREET ADDRE	ESS
City-st-ZiP	4.4 CITY-ST-ZIP	
TITLE DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	5.2 NAME	·
STREET ADDRESS	5.3 STREET ADDRE	ESS
CITY-ST-ZIP	5.4 CITY-ST-ZIP	
TITLE DELETE	6.1 TITLE	Change Addition
NAME	6.2 NAME	
STREET ADDRESS	6.3 STREET ADDRI	ESS
CITY-ST-ZIP	6.4 CITY-ST-ZIP	
		ated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

Country

81 Name

30

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, with all other like empowered.

SIGNATURE:

Daytime Phone #