

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 # P95000042151 (7)

1. Corporation Name

SUN CITY PRODUCE, INC.



Principal Place of Business

100 S.E. SECOND STREET
17TH FLOOR
MIAMI FL 33131

Mailing Address

100 S.E. SECOND STREET
17TH FLOOR
MIAMI FL 33131

3. Date Incorporated or Qualified
05/30/1995

3a. Date of Last Report

4. FEI Number

65-0587546

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 701 Brickell Avenue

26 701 Brickell Avenue

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

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

22 Suite 1600

27 Suite 1600

23 City & State

28 City & State

23 Miami, Florida

28 Miami, Florida

24 Zip

25 Country

29 Zip

30 Country

24 33131

25 U.S.A.

29 33131

30 U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WARNER, JONATHAN H
~~100 S.E. SECOND STREET~~
~~17TH FLOOR~~
~~MIAMI FL 33131~~

81 Name

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

701 Brickell Avenue

83 Suite 1600

84 City

Miami

FL

85 Zip Code

33131-2827

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE President/Director ☐ DELETE
NAME Saul Zalka
STREET ADDRESS 5545 N.W. 35th Avenue, #15
CITY-ST-ZIP Ft. Lauderdale, FL 33309

TITLE Secretary/Director ☐ DELETE
NAME Gustave Minkin
STREET ADDRESS 5545 N.W. 35th Avenue, #15
CITY-ST-ZIP Ft. Lauderdale, FL 33309

TITLE Treasurer/Director ☐ DELETE
NAME Malvin Avchen
STREET ADDRESS 5545 N.W. 35th Avenue, #15
CITY-ST-ZIP Ft. Lauderdale, FL 33309

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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)(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

Date

Daytime Phone #

CR2E034 (12/95)