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PROFIT CORPORATION ANNUAL REPORT

1997

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

FILED
97 JUN 27 PM 2:28
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P95000042151 (7)**

1. Corporation Name
SUN CITY PRODUCE, INC.

Principal Place of Business	Mailing Address
701 BRICKELL AVE SUITE 1600 MIAMI FL 33131 US	701 BRICKELL AVE SUITE 1600 MIAMI FL 33131-2827 US

3. Date Incorporated or Qualified: 05/30/1995
3a. Date of Last Report: 04/26/1996

2. Principal Place of Business
21 75 N.W. 13 AVENUE
22 Suite, Apt. #, etc.
23 City & State: POMPANO BEACH, FL
24 Zip: 33069 25 Country: USA

2a. Mailing Address
26 5545 NW 35 AVE
27 Suite, Apt. #, etc.: 15
28 City & State: FT. LAUDERDALE, FL
29 Zip: 33309 30 Country: USA

4. FEI Number: 65-0587546 ☐ 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
WARNER, JONATHAN H
701 BRICKELL AVE
SUITE 1600
MIAMI FL 33131

10. Name and Address of New Registered Agent
81 Name: AVCHEN, MALVIN
82 Street Address (P.O. Box Number is Not Acceptable)
83: 5545 NW 35th AVE # 15
84 City: FT. LAUDERDALE FL 85 Zip Code: 33309

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ZALKA, SAUL 5545 NW 35TH AVENUE, #15 FT. LAUDERDALE FL 33309	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition 200002227462--3 -07/01/97--01034--021 ****165.00 ****165.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MINKIN, GUSTAVE 5545 N.W. 35TH AVENUE, #15 FT. LAUDERDALE FL 33309	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD AVCHEN, MALVIN 5545 NW 35TH AVENUE, #151 FT. LAUDERDALE FL 33309	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

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 added by an attachment to this report.

MALVIN AVCHEN 6/27/97 VP