**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000074360

1. Corporation Name

RIO VISTA FRUIT CO.

Principal Place of Business

1850 40TH AVENUE #B-106

Mailing Address

1850 40TH AVENUE #B-106

## Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90132 020 \*\*\*150.00



VERO BEACH FL 32960 VERO BEACH FL 32960			DO NOT WRITE IN THIS SPACE		
		3. Date Incorporated or Qualifed			
			09/25/1995		
2. Principal Place of Business 2a. Mailin	ng Address	11 1 0	4. FEI Number	Applied For	
21 1100 W. Weather bee 8/86/1100	o W. We	atherhee Bo	65-0616092	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc. 27			5. Certifcate of Status Desired	\$8.75 Additional Fee Required	
22   27   City & State			6. Election Campaign Financing	\$5.00 May Be.	
		15-15	Trust Fund Contribution	Added to Fees	
23 1		Country	8. This corporation owes the current year Intal	ngible	
	982 30	· · · · · / ·		Yes 52√No	
24 3 4 6 2 25 U.S. 129 3 4 9. Name and Address of Current Registered		1 4.2.5	10. Name and Address of New Registered A	gent	
81 Name,					
VIAMONTES, JOSE			1Amontes Uose		
1850 40TH AVENUE			Street Address (P.O. Box Number is Not Acceptable)		
B-106	83	W. Weatherbee No.			
VERO BEACH FL 32960					
84 City			Diesco Vila FL	85 Zip Code 34982	
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					
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, proed or printed name of registered agent and title if applica	ble. (NOTE: Re	gistered Agent signature require	d when reinstating) DATE		
12. OFFICERS AND DIRECTOR	RS	13.	ADDITIONS/CHANGES TO OFFICERS AND		
TITLE D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition	
NAME VIAMONTES, JOSE		1.2 NAME			
STREET ADDRESS 1850 40TH AVENUE, B-106		1.3 STREET ADDRESS			
CITY-ST-ZIP VERO BEACH FL 32960		1.4 C/TY-ST-ZIP	·		
TITLE	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition	
NAME		2.2 NAME			
STREET ADDRESS		2.3 STREET ADDRESS		1	
CITY-ST-ZIP		2. 4 CITY-ST-ZIP		}	
TITLE	DELETE	3.1 TITLE		☐ Change ☐ Addition	
NAME		3.2 NAME		ì	
STREET ADDRESS		3.3 STREET ADDRESS		ì	
** *** *** *** * * * * * * * * * * * *	٠ د او المهمم بعيد	3.4. CITY-ST-ZIP	المبدا فيج ويسفوا بمسرمات الأنابيي	·	
CITY-ST-ZIP TITLE	DELETE	4.1 TITLE		☐ Change ☐ Addition	
NAME		4. 2 NAME			
		4.3 STREET ADDRESS			
STREET ADDRESS		4.4 City-St-ZiP			
CITY-ST-ZIP	DELETE	5.1 TITLE		☐ Change ☐ Addition	
		5.2 NAME		-	
NAME CATHERT ADDOCAGE		5.3 STREET ADDRESS			
STREET ADDRESS		5.4 CITY-ST-ZIP			
CITY-ST-ZIP	DELETE	6.1 TITLE		☐ Change ☐ Addition	
, mile		6.2 NAME			
NAME		6.3 STREET ADDRESS		(	
STREET ADDRESS					
CITY-ST-ZIP		6.4 CITY-ST-ZIP			

14. I 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, with all other like empowered. CITY-ST-ZIP

SIGNATURE: