

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 # P96000031661

1. Corporation Name

BREADFRUIT LEAF PRODUCTION, INC.

Principal Place of Business

404 WASHINGTON AVENUE
MIAMI BEACH FL 33139

Mailing Address

404 WASHINGTON AVENUE
MIAMI BEACH FL 33139

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

DILLON, CLIFTON
404 WASHINGTON AVENUE
MIAMI BEACH FL 33139

81 Name

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

83

84 City

FL 85 Zip Code

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

12. OFFICERS AND DIRECTORS

TITLE PCST
NAME DILLON, CLIFTON
STREET ADDRESS 404 WASHINGTON AVENUE, SUITE 680
CITY-ST-ZIP MIAMI BEACH FL 33139

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11 TITLE

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31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/11/1996

4. FEI Number

13-3646670

Applied For
Not Applicable

5. Certificate of Status Due Date

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contributions

\$5.00 May be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax

Yes No

10. Name and Address of New Registered Agent

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99

305-5317155

0205073

CR2EC034 (11/98)