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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 P96000037245 (3) **DOCUMENT #**

FILED Feb 16 1998 8:00am Secretary of State

FASHION FRUIT COMPANY Principal Place of Business Mailing Address 7441 NW 8TH ST 7441 NW 8TH ST MIAMI FL 33126 MIAMI FL 33126 DO NOT WRITE IN THIS SPACE US US 3. Date Incorporated or Qualified 04/29/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0668434 21 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 Personal Property Tax due June 30. Yes Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent ROSENBERG, ISAAC 81 Name ISAAL Kosenber6 7441 NW 8TH ST 82 Street Address (P.O. Box N **MIAMI FL 33126** 83 84 Aventura 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. ng stered Agent signature required when reinstating) 12 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE 11TITLE Change Addition ROSENBERG, ISAAC NAME 1.2 NAME ISAAL ROSEN BEEG 7441 NW 8TH ST STE H NE 37th Court STREET ADDRESS 1.3 STREET ADDRESS **\$20041** MIAM! FL CITY-ST-ZIP 1.4 City-St-ZiP DELETE THILE 21 TITLE ■ Addition NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE 3 1 Tell F Change ☐ Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 51 TITLE Change ■ Addition NAME 52 NAME STREET ADDRESS 5 3 STREET ADDRESS CITY-ST-ZIP 5.4 CHY-ST-ZIP DELETE 6.1 TITLE Change ☐ Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP

 I hereby certify that the information indicated on this annual report or officer or director of the corporate Block 12 or Block 13 if changed. oplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information illomental annual report is fine and accurate and that my signature shall have the same legal effect as if made under oath; that I am an the receiver on ustee (mpoyered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in 114/98

SIGNATURE: