PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000051349

1. Corporation Name

ALOMA PRODUCE MARKET CORPORATION								
						1 		FIBIR (BI) (FI)
Principal Place	e of Business	Mailing Addres	SS					3.0.0
7409 ALOMA AVE. 7409 ALOMA AVE.								
WINTER PARK FL 32792 WINTER PARK FL 32792						DO NOT WRITE IN T	HIS SPACE	
1						3. Date Incorporated or Qualifed		
						06/14/1996		
2. Principal Pi	lace of Business	2a. Mailing Ad	Idress			4. FEI Number	TA	pplied For
21		26	26			59-3382078	N	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt.	#, etc.			5. Certifcate of Status Desired	•	Additional
22		27				5. Contraction of Contraction	Fee R	
City & State	e	City & Star	te			6. Election Campaign Financing	•	May Be
23		28				Trust Fund Contribution		to Fees
Zìp	Country	Zip		Country		8. This corporation owes the current year	Intangible ☐ Yes	□No
24	25 Name and Address of C	29		30		Personal Property Tax. 10. Name and Address of New Register		
	9. Name and Address of C	tillellt Kegistered Agen		81	Name	10. Halle and Address of New Hogister	ou riguii.	
AWA	.D. JOHN							
629 SUMPTER COURT			82	Street Add	dress (P.O. Box Number is Not Acceptable)			
WINT	TER SPRINGS FL 32708			83				
ļ								
		_	_	84	City	F	EL 85 Zip	Code
11. Pursuant	to the provisions of Sections 60	7.0502 and 607.1508. Plo	orida Statut	les, the above	-named cor			registered
office or re	egistered agent, or both, in the	State of Florida. Such/cha	anoré was a	authorized by	the corporat	tion's board of directors. I hereby accept the ap	pointment as re	egistered
onice of te	m familiar with and accept that	abliabtions of Section 60	7 0505 FIG	vida Statutes				1
	m familiar with, and accept the	obligations of, Section 60	7 0505, Flo	orida Statutes.		rporation submits this statement for the purpose tion's board of directors. I hereby accept the ap	-3-9	9
SIGNATURE	PHIM	obligations of, Section 60	クレ			red when reinstating) DATE	-3-9	9
SIGNATURE	Signature Ayled or of inited name of register	and and trile if application.	(NOTE				AND DIRECTO	7 DRS IN 12
SIGNATURE	Signature Asped or Arinled name of register OFFICER	and and trile if application.	クレ	: Registered Agen		red when reinstating) DATE	3-9	7
SIGNATURE	Signature Ayled or printed name of register OFFICER DP AWAD, JOHN	and and trile if application.	(NOTE	Registered Agen		red when reinstating) DATE	AND DIRECTO	7 DRS IN 12
SIGNATURE 12. TITLE	Signature Aved or printed name of registry OFFICER OP AWAD, JOHN 629 SUMPTER COURT	RS AND DIRECTORS	(NOTE	13.	t signature requi	red when reinstating) DATE	AND DIRECTO	7 DRS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature place of philips name of register OFFICER OP AWAD, JOHN 629 SUMPTER COURT WINTER SPRINGS FL 327	RS AND DIRECTORS	(NOTE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST	t signature requi	red when reinstating) DATE	AND DIRECTO	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature of prince name of register OFFICER OF	RS AND DIRECTORS	(NOTE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-SI 2.1 TITLE	t signature requi	red when reinstating) DATE	AND DIRECTO	7 DRS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature of the distribution of the distribut	RS AND DIRECTORS	(NOTE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-SI 2.1 TITLE 2.2 NAME	t signature requi	red when reinstating) DATE	AND DIRECTO	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature of the control of the cont	AS AND DIRECTORS	(NOTE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-SI 2.1 TITLE 2.2 NAME 2.3 STREET	ADDRESS	red when reinstating) DATE	AND DIRECTO	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP	Signature Activities of phinosoname or register OFFICER	08	DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-SI 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S'	ADDRESS	red when reinstating) DATE	AND DIRECTO	DRS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE	Signature product printed name or register OFFICER OFFI	08	(NOTE	13. 1.1 TITLE 12 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-ST 3.1 TITLE	ADDRESS	red when reinstating) DATE	AND DIRECTO	ORS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME	Signature Acted or printed name or register OFFICER OP AWAD, JOHN 629 SUMPTER COURT WINTER SPRINGS FL 3270 DV HORANI, NABIL 629 SUMPTER COURT WINTER SPRINGS FL 3270 DS HORANI, AIDA	08	DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-ST 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-ST 3.1 TITLE 3.2 NAME	ADDRESS F-ZIP ADDRESS T-ZIP	red when reinstating) DATE	AND DIRECTO	DRS IN 12 Addition Addition
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SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature Acted or phinted name of register OFFICER OP AWAD, JOHN 629 SUMPTER COURT WINTER SPRINGS FL 327/ DV HORANI, NABIL 629 SUMPTER COURT WINTER SPRINGS FL 327/ DS HORANI, AIDA 629 SUMPTER COURT WINTER SPRINGS FL 327/ DT WINTER SPRINGS FL 327/ DT	08	DELETE DELETE	13. 1.1 TITLE 12 NAME 1.3 STREET 1.4 CITY-SI 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-SI 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-SI 4.1 TITLE	ADDRESS T-ZIP ADDRESS ADDRESS ADDRESS	red when reinstating) DATE	AND DIRECTO	DRS IN 12 Addition Addition
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature Act of printed name of registry OFFICER OP AWAD, JOHN 629 SUMPTER COURT WINTER SPRINGS FL 327/ DV HORANI, NABIL 629 SUMPTER COURT WINTER SPRINGS FL 327/ DS HORANI, AIDA 629 SUMPTER COURT WINTER SPRINGS FL 327/ OT AWAD, JOEY	08	DELETE DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-SI 2.1 TITLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 TITLE 3.2 NAME 3.3 STREET 3.4 CITY-S 4.1 TITLE 4.2 NAME	ADDRESS 1-ZIP ADDRESS T-ZIP ADDRESS T-ZIP	red when reinstating) DATE	AND DIRECTO Change Change	DRS IN 12 Addition Addition
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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 end 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 the attaction of the corporation of the receiver of the corporation of the receiver or trustee empowered.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

FILED

Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90052 018 ***150.00

407 673-3378