FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000060884 (9)

JIMAGUA'S OASYS PRODUCE, INC.

Priocipal Place of Business Mailing Address 7105 WEST 13 AVENUE #202 7105 WEST 13 AVENUE #202 HIALEAH FL 33014 HIALEAH FL 33014-4561 3. Date Incorporated or Qualified 3a. Date of Last Report 07/19/1996 4. FEI Number 0680004 2a. Mailing Address Same 2. Principal Place of Business Applied For Same Above 26 Not Applicable Suite Apt # etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees This corporation has liability for intangible ax under s. 199.032, Florida Statutes
 Yes
 No Country Žio Country Zip 25 29 30 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name HERNANDEZ, AVELINO 7105 WEST 13TH AVENUE #202 **B2** Street Address (P.O. Box Number is Not Acceptable) HIALEAH FL 33014 83 84 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 for 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 fram familiar with and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Stgriation, typest or jim to a narrolofin, gestered agont and title if applicable 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS DELETE Change ___ Addition 11 TITLE TILLE HERNANDEZ, AVELINO NAME 1.2 NAME 7105 WEST 13 AVENUE #202 STRULL ADDRESS 1.3 STREET ADDRESS HIALEAH FL 33014 1.4 CITY-ST-ZIP DELETE VSD Change Addition 21 TITLE THELE HERNANDEZ, ANA Y 2.2 NAME NAME 7105 WEST 13 AVENUE #202 2.3 STREET ADDRESS STREET ALCIRESS. HIALEAH FL 33014 2 4 CITY-ST-ZIP CHY-SI DELETE Change THE 31 TITLE ___ Addition NAME 3.2 NAME 3.3 STREET ADDRESS STREET ASSIRESS CETA - ST. ZIP 3.4. CITY - ST - Z(P DELETE Change HEE 4.1 TITLE Addition NAM 4. 2 NAME 4.3 STREET ADDRESS STREET AFFORESS 4.4 CITY - ST - ZIP Offr-St. ZP DELETE Change Addition 11"LE 5.1 TITLE MAME 5.2 NAME STREET ADORESS 5.3 STREET ADDRESS Off Y - \$1 - 719 5.4 CITY - ST - ZIP DELETE Change Addition 11!14 6.1 TITLE 6.2 NAME **6.3 STREET ADDRESS** STEEL LABORESS

SIGNATURE

While AND WILD OF FRINTED HAME OF SIGNING OFFICER ON DIRECTOR COLLEGE TES

Lam an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes appears in Block 12 or Block 13 if changed or on an attachment with an address.

64 CITY-ST-ZIP

14. I do hereby contify 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 path; that

2-17-9

and that my name

FILED

Mar 28 1997 8:00am

Secretary of State