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

APPROVED AND FILED
1997 JUL 14 PM 12:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000061056

1. Corporation Name
DEL CAMPO FRUITS & VEGETABLE
1335 N.W. 21 TERR, BAY# 01
MIAMI, FL 33142

Principal Place of Business
1335 N.W.21TERR,BAY# 01
MIAMI, FL. 33142

Mailing Address
1335 N.W.21TERR,BAY#01
MAIMI, FL. 33142

3. Date Incorporated or Qualified: 07/22/96
3a. Date of Last Report:

4. FEI Number: 65-0685483 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes. [X] Yes [ ] No

2. Principal Place of Business		2a. Mailing Address	
21	1335 N.W. 21 TERRACE	26	SAME
22 Suite, Apt #, etc.	# 01	27 Suite, Apt #, etc.	SAME
23 City & State	MIAMI	28 City & State	SAME
24 Zip	33142	29 Zip	
25 Country	DADE	30 Country	

9. Name and Address of Current Registered Agent

ARMANDO J SOTOLONGO
9283 S.W. 169 AVE.
MIAMI, FL 33196

10. Name and Address of New Registered Agent

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 ____ DATE ____

12. OFFICERS AND DIRECTORS	
TITLE	PRESIDENT ☐ DELETE
NAME	ARMANDO J SOTOLONGO
STREET ADDRESS	9283 S.W. 169 AVE.
CITY, ST, ZIP	MIAMI, FL 33196
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PRESIDENT ☐ Change ☐ Addition
1.2 NAME	ARMANDO SOTOLONGO
1.3 STREET ADDRESS	9283 S.W. 169 AVE.
1.4 CITY, ST, ZIP	MIAMI, FL. 33196
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	100002242981--4
2.3 STREET ADDRESS	-07/21/97--01095--024
2.4 CITY, ST, ZIP	****165.00 ****165.00
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

7-16-97

14. I do 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.

SIGNATURE: Armando Sotolongo / ARMANDO Sotolongo (305)549-7719

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR