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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

Jun 10 1998 8:00am

Secretary of State

POCUMENT'# P96000072159 (2)

UNITED FRUIT TRANSPORT CORP. Principal Place of Business Mailing Address 10430 SW 186 ST 10430 SW 186 ST MIAMI FL 33157 MIAM: FL 33157 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>08/29/1996</u> 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0691515 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 23 28 Trust Fund Contribution Added to Fees Zip Country Zψ Country 8. This corporation owes or has paid the current year Intangible 24 25 Yes 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name LARA, JORGE 10430 SW 186TH ST 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33157** 83 84 City 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 profiled name of registrand ages t and life if applicable (NOTE: Registered Agent is gnature required when reinstating) 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. TITLE DELETE 11 TITLE Change ___ Addition NAME Lara, Jorge L 12 NAME 4616 SW 136 PL STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33175** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE SD Change TITLE 21 THILE Addition LARA, LUISA NAME 2.2 NAME 10430 SW 186 ST STREET ADDRESS 2.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE TITLE Change ___ Addition 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 THLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP 400025549**5** Phange -06/10/98-01065-023 DELETE TITLE 6.1 TITLE Addition NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** ***158.75 CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. Thereby 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 suppliemental 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 13 if changed, or on an attachment with an address.

C / 11/00

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