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

FILED
97 OCT 13 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000072489 (3)**

1. Corporation Name
QUICK & FRESH PRODUCE, INC.

Principal Place of Business	Mailing Address
C/O WLMC REGISTERED AGENTS, INC. 701 BRICKELL AVENUE, SUITE 2000 MIAMI FL 33131	C/O WLMC REGISTERED AGENTS, INC. 701 BRICKELL AVENUE, SUITE 2000 MIAMI FL 33131-2860

3. Date Incorporated or Qualified: 08/30/1996
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 QUICK & FRESH PRODUCE, INC	26 QUICK & FRESH PRODUCE, INC
Suite, Apt. #, etc. 22 P.O. BOX 452015	Suite, Apt. #, etc. 27 P.O. BOX 452015
City & State 23 SUNRISE FL	City & State 28 SUNRISE FL
Zip / Country 24 33345 / 25 BROWARD	Zip / Country 29 33345 / 30 BROWARD

4. FEI Number: 65-0710374 ☐ 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 ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

WLMC REGISTERED AGENTS, INC.
701 BRICKELL AVENUE
SUITE 2000
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: NISSIM ATASH
82 Street Address (P.O. Box Number is Not Acceptable): ~~P.O. BOX 452015~~
83 7400 W. OAKLAND PARK BLVD #1531
84 City: ~~SUNRISE~~ LAUDERHILL FL 85 Zip Code: ~~33345~~ 33319

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] 8-1-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ELKIN, MARCEL		1.2 NAME	400002321204--2
STREET ADDRESS	6 UZIEL STREET		1.3 STREET ADDRESS	-10/15/97--01091--006
CITY-ST-ZIP	TAL AVIV IS 62333		1.4 CITY-ST-ZIP	****550.00 ****550.00
TITLE	VPSD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	ELKIN, ILANA		2.2 NAME	
STREET ADDRESS	6 UZIEL STREET		2.3 STREET ADDRESS	
CITY-ST-ZIP	TAL AVIV IS 62333		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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] 8-1-97 (954)742-8870