


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham* Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P96000089644 1. Corporation Name FLORIDA PACIFIC PRODUCE, INC.		

Principal Place of Business	Mailing Address
2. Principal Place of Business	
2a. Mailing Address	

21. 5207 N 30TH ST Suite, Apt. #, etc.	26. P.O. Box 310033 Suite, Apt. #, etc.
22. TAMPA FL City & State	27. TAMPA FL City & State
23. 33681 Zip	28. USA Country
24. 33681 Zip	25. USA Country

9. Name and Address of Current Registered Agent FRANK GUTIERREZ P.O. Box 310033 TAMPA FL 33680	
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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 607.0506, Florida Statutes.	
SIGNATURE <i>[Signature]</i>	DATE 9-15-98

12. OFFICERS AND DIRECTORS	
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP
TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE	
3. Date Incorporated or Qualified 12/9/97	
4. FEI Number 59-3410314	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent	
81. Name FRANK GUTIERREZ	82. Street Address (P.O. Box Number is Not Acceptable) P.O. Box 310033 5207 N 30TH ST
83. TAMPA FL	84. Zip Code 33680

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 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: <i>[Signature]</i>	DATE: 9-15-98
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

FILED
98 NOV -2 AM 9:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E034 (5/98)