


FILED  
Apr 08, 1999 8:00 am  
Secretary of State

04-08-1999 90101 020 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # P97000012736</b>		
1. Corporation Name <b>L.B.J. PRODUCE, INC.</b>		



Principal Place of Business <b>46 SW FIRST STREET, STE. 400 MIAMI FL 33130</b>	Mailing Address <b>46 SW FIRST STREET, STE. 400 MIAMI FL 33130</b>
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>1620 J.W. 21st St.</b>		2a. Mailing Address 26 <b>1620 J.W. 21st St.</b>		3. Date Incorporated or Qualified <b>02/06/1997</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number <b>65-0727578</b>	
22		27		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
City & State 23 <b>MIAMI FLORIDA</b>		City & State 28 <b>MIAMI FLORIDA</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Zip 24 <b>33142</b>		Country 25 <b>USA</b>		8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
29		30			

9. Name and Address of Current Registered Agent <b>COHEN, GARY P 46 SW FIRST STREET, STE. 400 MIAMI FL 33130</b>		10. Name and Address of New Registered Agent 81 Name <b>LARRY OKUN</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>3172 LA MIRAGE DRIVE</b> 83 84 City <b>LAUDERHILL</b> FL 85 Zip Code <b>33319</b>	
---	--	--	--

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 **1-29-99**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D OKUN, LARRY 3172 LA MIRAGE DRIVE LAUDERHILL FL 33319</b>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>V.P/OFR</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D OKUN, BARBARA 3172 LA MIRAGE DRIVE LAUDERHILL FL 33319</b>	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>P/OFR</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D OKUN, JEFFREY A 3172 LA MIRAGE DRIVE LAUDERHILL FL 33319</b>	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>SEC/T/OFR</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE:  DATE **1-29-99** DAYTIME PHONE # **(305) 326-8963**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)