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

1. Corporation	MENT # P9700(LD PRODUCE INC.	0031244 (1)			
Principal Place of Business Mailing Address				I LOURIOUS IND THEFA HOURS OUTLAND HAVE	J 41040 10014 0104 0101 1001
3061 SW 12 ST. 3061 SW 12 ST. MIAMI FL 33135 MIAMI FL 33135					
				DO NOT WRITE IN THIS SE 3. Date Incorporated or Qualified	ACE
				04/07/1997	
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21 735	54 D.W. 35st.	26 P.O. BOX 5	52-4013	3 65-0751557	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 27				C. Continuate of chalce booking	Fee Required
	IAMI, F.	City & State 28 19 19 19 19 19 19 19 1		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 33/	122 SASE	29 33252-40/3 30	Country		Yes No
	g. Name and Address of Current	Registered Agent	- -	10. Name and Address of New Registered Ag	jent
	RODRIGUEZ, EULOGIO		81 Name	EULOGIO ROBRIGUEZ	
3081 SW 12 ST.			82 Street A	Address (P.O. Box Number is Not Acceptable)	
MIAMI FL_33135			83	11271 N.W. Wist.	
			64 City	n <i>iami</i> FL	85 Zip Code
11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutes, the above-na				corporation submits this statement for the purpose of c	hanging 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	arragama vien, and accept the oringan	ons of, occupin 607.0000, 1 joinua C	Statutos.		
·	Signature, typed or punted name of registered agent		tered Agent s-gnature	required when reinstating) DATE	
12,	OFFICERS AND I		13.	ADDITIONS/CHANGES TO OFFICERS AND D	
TITLE	RODRIGUEZ, EULOGIO		.1 TITLE		Change
NAME STREET ADDRESS	3061 SW 12 ST.	i i	.2 NAME .3 STREET ADDRESS	11271 N.W. 6/8t.	
	MIAMI FL 33135		.4 CITY - ST - ZIP	MIAMI, Fl. 33178	
CITY-ST-ZIP TITLE	DV		1 TITLE	Notes of the Notes	Change Addition
NAME	FRANCISCO, ROBERT		2 NAME	_	
STREET ADDRESS	14011 SW 39 ST.	1	3 STREET ADDRESS	15740 S.W. 45st.	
CITY-ST-ZIP	MIAMI FL 33175	2.	4 CITY-ST-ZIP	MIAMI, Fl. 33185	
TITLE	DST	DELETE 3.	1 TITLE		Change Addition
NAME	HERNANDEZ, JOSE A	3,	.2 NAME		
STREET ADDRESS	2105 SW 105 CT.	3.	.3 STREET ADDRESS		}
CITY-ST-ZIP	MIAMI FL 33165	20.00	4. CITY-ST-ZIP		
TITLE			.1 TITLE	L.	Change Addition
NAME	}		. 2 NAME		1
STREET ADDRESS			3 STREET ADDRESS		
CITY-ST-ZIP TITLE			4 CITY-ST-ZIP 1 TITLE		Change Addition
NAME		_ I	2 NAME	<u>-</u>	Township T Monitorii
STREET ADDRESS			3 STREET ADDRESS		
CITY-ST-ZIP			4 CITY-ST-ZIP		į
TITLE		200.000	1 TITLE		Change Addition
NAME			2 NAME		
STREET ADDRESS		6.3	3 STREET ADDRESS		Ì

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 too 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 er on an attachment with an address.

SIGNATURE.

FILED

Mar 31 1998 8:00am

Secretary of State