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Mar 23, 1999 8:00 am
Secretary of State

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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000046645

1. Corporation Name

ECUADORIAN FRUIT CORPORATION

Principal Place of Business

5305 SW 149TH PLACE
MIAMI FL 33185

Mailing Address

5305 SW 149TH PLACE
MIAMI FL 33185

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/27/1997

4. FEI Number

65-0756045

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 12965 SW 132 AVE

Suite, Apt. #, etc.

22 City & State
23 MIAMI, FLORIDA

24 Zip Country
33186 USA

2a. Mailing Address

26 12965 SW 132 AVE

Suite, Apt. #, etc.

27 City & State
28 MIAMI, FLORIDA

29 Zip Country
33186 USA

9. Name and Address of Current Registered Agent

GARAYCOA, CHRISTIAN D
5305 SW 149TH PLACE
MIAMI FL 33185

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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 printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE D
NAME GARAYCOA, CHRISTIAN F
STREET ADDRESS 5305 SW 149TH PLACE
CITY-ST-ZIP MIAMI FL 33185

TITLE D ☐ DELETE

NAME GARAYCOA, CHRISTIAN D
STREET ADDRESS 5305 SW 149TH PLACE
CITY-ST-ZIP MIAMI FL 33185

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 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: Christian Garaycoa / CHRISTIAN GARAYCOA

3/18/99

305-259-7878

Date

Daytime Phone #

0264129

0264129