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FILED

May 04 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000086277 (5)

1. Corporation Name

BOUNTY FRESH, INC.

Principal Place of Business

85 MERRICK WAY #518
CORAL GABLES FL 33134

Mailing Address

95 MERRICK WAY #518
CORAL GABLES FL 33134



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/07/1997

4. FEI Number

65-0785362

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

JENSEN, TROND S
95 MERRICK WAY #518
CORAL GABLES FL 33134

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 term if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D.C.
NAME JENSEN, TROND S
STREET ADDRESS 95 MERRICK WAY #518
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE D.P.
NAME STORY, MICHAEL
STREET ADDRESS 95 MERRICK WAY #518
CITY-ST-ZIP CORAL GABLES FL 33134

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D.C.
1.2 NAME Jensen, Trond S
1.3 STREET ADDRESS 95 Merrick Way # 518
1.4 CITY-ST-ZIP Coral Gables FL 33134

2.1 TITLE D.P.
2.2 NAME Storey, Michael
2.3 STREET ADDRESS 95 Merrick Way # 518
2.4 CITY-ST-ZIP Coral Gables FL 33134

3.1 TITLE D.
3.2 NAME Chester, Robert
3.3 STREET ADDRESS 95 Merrick Way # 518
3.4 CITY-ST-ZIP Coral Gables FL 33134

4.1 TITLE D.T.
4.2 NAME Arguedas, Francisco
4.3 STREET ADDRESS 300 S. Escuela Soteno Gonzalez
4.4 CITY-ST-ZIP San Juan de Dios de Desamparados Costa Rica

5.1 TITLE D.
5.2 NAME Storey, Wanda
5.3 STREET ADDRESS 95 Merrick Way Suite 518
5.4 CITY-ST-ZIP Coral Gables FL 33134

6.1 TITLE D.S.
6.2 NAME Jensen, Joan Burton
6.3 STREET ADDRESS 1221 Brickell Avenue
6.4 CITY-ST-ZIP Miami FL 33131

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:

(Signature)

7-24-98 (3-1) 444-33

CR2E034 (10/97)