FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999

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

99 MAR 26 PM 12:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT #P98000028872

1. Corporation Name
Premium Produce, Inc.

Principal Place of Business / Mailing Address
676 NW 34 Street - SAME
Miami, Fl 33127

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 676 NW 34 ST.
Suite, Apt #, etc
22
City & State
23 Miami, Fl 33127
Zip / Country
24 / 25 USA

2a. Mailing Address
26 676 NW 34 ST.
Suite, Apt #, etc
27
City & State
28 Miami, Fl 33127
Zip / Country
29 / 30 USA

3. Date Incorporated or Qualified
3/25/98

4. FEI Number
650823705 — 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. The corporation owes the current year Intangible Personal Property Tax [ ] Yes [ ] No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent
81 Name: Dvora Weinreb
82 Street Address (P.O. Box Number is Not Acceptable): 9400 Stirling Road
83 Sta. 230
84 City: Cooper City — FL — 85 Zip Code: 33024

11. Pursuant to the provisions of Sections 607.0502 and 607.0505, 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: Dvora Weinreb — 3/22/98
(Signature of Registered Agent) (Date)

12. OFFICERS AND DIRECTORS

TITLE	Yosef Rosenblum, PRES. (D) [ ] DELETE
NAME	
STREET ADDRESS	10277 Bermuda DRIVE
CITY-ST-ZIP	Cooper City, FL 33026
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	
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	[ ] Change [ ] Add
12 NAME	000002829540--0
13 STREET ADDRESS	-04/05/99--01128--003
14 CITY-ST-ZIP	****150.00 ****150.00
21 TITLE	[ ] Change [ ] Add
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	[ ] Change [ ] Add
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	[ ] Change [ ] Add
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	[ ] Change [ ] Add
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	[ ] Change [ ] Add
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

4-1-99

CR2E034 (11/98)

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 a 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 in an attachment with an address, with all other like empowered.

SIGNATURE: _____ 3/23/99 (954) 633-5604
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #