

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

FILED  
Apr 02, 1999 8:00 am  
Secretary of State

04-02-1999 90009 040 \*\*\*150.00

DOCUMENT # P98000074257

1. Corporation Name  
PADRINO'S PRODUCE, INC.

Principal Place of Business  
240 NW 40TH AVENUE  
MIAMI FL 33126

Mailing Address  
240 NW 40TH AVENUE  
MIAMI FL 33126

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/24/1998

4. FEI Number

65-0863771

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 3800 N.W. 2ND TERR.

Suite, Apt. #, etc.

22 City & State

23 MIAMI, MIAMI

24 Zip

33126

Country

2a. Mailing Address

26 SAME AS ITEM 2

Suite, Apt. #, etc.

27 City & State

28

29 Zip

30 Country

9. Name and Address of Current Registered Agent

LAGOS, SUYAPA E  
240 NW 40TH AVENUE  
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name

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

3800 N.W. 2ND TERR.

83

84 City

MIAMI

FL

85 Zip Code

33126

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

TITLE PD  
NAME VASQUEZ, EDGARDO R  
STREET ADDRESS 240 NW 40TH AVENUE  
CITY-ST-ZIP MIAMI FL 33126

TITLE VD  
NAME LAGOS, SUYAPA E  
STREET ADDRESS 240 NW 40TH AVENUE  
CITY-ST-ZIP MIAMI FL 33126

TITLE SD  
NAME VASQUEZ, CLAUDIA P  
STREET ADDRESS 240 NW 40TH AVENUE  
CITY-ST-ZIP MIAMI FL 33126

TITLE TD  
NAME VASQUEZ, EDGARDO R  
STREET ADDRESS 240 NW 40TH AVENUE  
CITY-ST-ZIP MIAMI FL 33126

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  
1.2 NAME  
1.3 STREET ADDRESS 3800 N.W. 2ND TERR.  
1.4 CITY-ST-ZIP MIAMI, FL. 33126

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS 3800 N.W. 2ND TERR.  
2.4 CITY-ST-ZIP MIAMI, FL. 33126

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS 3800 N.W. 2ND TERR.  
3.4 CITY-ST-ZIP MIAMI, FL. 33126

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS 3800 N.W. 2ND TERR.  
4.4 CITY-ST-ZIP MIAMI, FL. 33126

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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/21/99 (305) 642-0920  
Date Daytime Phone #

0180311

CR2E034 (11/98)