

926926

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

07-09-1999 90015 020 ***550.00

I. Corporation Name

KALA PRODUCE MARKET, INC.

Principal Place of Business
21227 U.S. HIGHWAY 19 NORTH
APT. 111A
CLEARWATER FL 33765

Mailing Address
21227 U.S. HIGHWAY 19 NORTH
APT. 111A
CLEARWATER FL 33765

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/02/1998

1. Principal Place of Business...		2a. Mailing Address	
11660 OAKHURST RD		11660 OAKHURST RD	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
LARGO - FL		LARGO - FL	
Zip	Country	Zip	Country
33774	USA	33774	USA
9. Name and Address of Current Registered Agent			

4. FEI Number	<u>89-355444-6</u>	Applied For	<input type="checkbox"/>
		Not Applicable	<input checked="" type="checkbox"/>
5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PATEL, SANDIP I
2240 BELLEAIR RD. STE. 160
CLEARWATER FL 33764

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

1. 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 CHANDRAKALA PATEL
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

LE	D	<input type="checkbox"/> DELETE
WE	PATEL, KALA	
REET ADDRESS	21227 U.S. HIGHWAY 19 NORTH	
Y-ST-ZIP	CLEARWATER FL 33765	
LE		<input type="checkbox"/> DELETE
WE		
REET ADDRESS		
Y-ST-ZIP		
LE		<input type="checkbox"/> DELETE
WE		
REET ADDRESS		
Y-ST-ZIP		
LE		<input type="checkbox"/> DELETE
WE		
REET ADDRESS		
Y-ST-ZIP		
LE		<input type="checkbox"/> DELETE
WE		
REET ADDRESS		
Y-ST-ZIP		
LE		<input type="checkbox"/> DELETE
WE		
REET ADDRESS		
Y-ST-ZIP		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: CHANDRANATHA PATEL *Chandrasekhar Patel* 7-2-99 727-595-3246

CR2E034 (5/99)