


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

FILED

Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90076 018 ***150.00

| | | |
|--|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # P98000088270

1. Corporation Name

FRUITS & VEGGIES UNLIMITED, INC.

Principal Place of Business

2901 S.W. 67TH AVE.
MIAMI FL 33155

Mailing Address

2901 S.W. 67TH AVE.
MIAMI FL 33155

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/15/1998

4. FEI Number

65-0871017

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing ☐\$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 2151 N.W. 13 AVE.

Suite, Apt. #, etc.

22 #18 & 19

City & State

23 Miami, Florida

Zip

24 33142 25 U.S.A.

2a. Mailing Address

26 2151 N.W. 13 Ave.

Suite, Apt. #, etc.

27 #18 & 19

City & State

28 Miami, Florida

Zip

29 33142 30 U.S.A.

9. Name and Address of Current Registered Agent

NAVAS, ROSELIN
2901 S.W. 67TH AVE.
MIAMI FL 33155

10. Name and Address of New Registered Agent

| | |
|---|---------------------|
| 81 Name | Erlinda Guajardo |
| 82 Street Address (P.O. Box Number is Not Acceptable) | 5850 S.W. 19 Street |
| 83 | |
| 84 City | Miami |
| 85 Zip Code | FL 33155 |

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

Erlinda Guajardo

3/19/99

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------|--|
| TITLE | DPT | <input type="checkbox"/> DELETE |
| NAME | GUAJARDO, ERLINDA | |
| STREET ADDRESS | 5850 S.W. 19TH AVE. | |
| CITY-ST-ZIP | MIAMI FL 33155 | |
| TITLE | VPS | <input checked="" type="checkbox"/> DELETE |
| NAME | NAVAS, ROSELIN | |
| STREET ADDRESS | 5850 S.W. 19TH AVE. | |
| CITY-ST-ZIP | MIAMI FL 33155 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 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 | |

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:

Erlinda Guajardo

Date

Daytime Phone

CR2E034 (1/198)