SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **S05636** **(3)**

1. Corporation Name
HORTIFRUT, INC.

Principal Place of Business	Mailing Address
% KARP & GENAURE, P.A. 2 ALHAMBRA PLAZA STE. 1202 CORAL GABLES FL 33134	% KARP & GENAURE, P.A. 2 ALHAMBRA PLAZA STE 1202 CORAL GABLES FL 33134

3. Date Incorporated or Qualified: 10/10/1990
3a. Date of Last Report: 02/24/1995

2. Principal Place of Business	2a. Mailing Address
21 c/o Carkhuff & Radmin	26 c/o Carkhuff & Radmin
22 Suite, Apt. # etc. 108 Hispaniola Lane	27 Suite, Apt. #, etc. 108 Hispaniola Lane
23 City & State Bonita Springs FL	28 City & State Bonita Springs FL
24 Zip 33923 / 25 Country Collier	29 Zip 33923 / 30 Country Collier

4. FEI Number: 65-0220204 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ALHAMBRA REGISTERED AGENTS, INC.
C/O KARP & GENAUER, P.A.
2 ALHAMBRA PLAZA, SUITE 1202
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: Waldo H. Carkhuff
82 Street Address (P.O. Box Number is Not Acceptable): Carkhuff & Radmin
83: 108 Hispaniola Lane
84 City: Bonita Springs FL 85 Zip Code: 33923

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: Waldo H. Carkhuff DATE: 7/29/96
Signature, type or print name of registered agent, and title if applicable (NOTE: Registered Agent signature required when submitting)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP GARGIULO, JEFFREY 15000 OLD 41 NORTH NAPLES FL	☒ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	VPSC Moller, Victor 8203 Lowbank Drive, Naples FL 33999	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DCP MOLLER, VICTOR 15000 OLD 41 NORTH NAPLES FL	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	PT Asst.Sec. Shelford, John E. 8203 Lowbank Drive, Naples FL 33999	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVPS GARGIULO, JOHN 15000 OLD 41 NORTH NAPLES FL	☒ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	Asst.Sec. Aguirre, Aribel 8203 Lowbank Drive, Naples FL 33999	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John E. Shelford
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 7/29/96 Daytime Phone #: 941-591-1664