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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **S48627** (1)

1. Corporation Name
SUN FRESH PRODUCE, INC.

Principal Place of Business	Mailing Address
4200 WEST ROADS RIVIERA BEACH FL 33407 US	4200 WESTROADS DR. WEST PALM BEACH FL 33407-1202 US

3. Date Incorporated or Qualified: 04/26/1991
3a. Date of Last Report: 02/02/1996

2. Principal Place of Business
21: 950 WEST 13TH STREET
Suite, Apt. #, etc. 22:
City & State 23: RIVERIA BEACH, FL
Zip 24: 33404 Country 25: P.B

2a. Mailing Address
26: 950 WEST 13TH STREET
Suite, Apt. #, etc. 27:
City & State 28: RIVERIA BEACH, FL
Zip 29: 33404 Country 30:

4. FEI Number: 65-0257918 ☐ 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
TURDO, MICHAEL J.
1169 MOURNING DOVE WAY
WEST PALM BEACH FL 33414

10. Name and Address of New Registered Agent
81 Name: Michael J. Turdo
82 Street Address (P.O. Box Number is Not Acceptable): 11535 Buckhaven Lane
83:
84 City: West Palm Beach FL 85 Zip Code: 33412

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: Michael Turdo 1-7-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P TURDO, MICHAEL J. 1169 MOURNING DOVE WAY WEST PALM BEACH FL 33414	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P Turdo, Michael J 11535 Buckhaven Lane West Palm Beach, FL 33412	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP TURDO, VALORIE M 1169 MOURNING DOVE WAY WEST PALM BEACH FL 33414	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VP Turdo, Valorie M 11535 Buckhaven Lane West Palm Beach, FL 33412	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (9/96)

14. I do 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: Michael Turdo 1-7-97 561-844-8711
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #