## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1006

DOCUM							
1. Corporation	MENT # \$74	430 (7)	 				
WEST	DIXIE PRODUCE MAR	RKET, INC.					
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Principal Place of Business Mailing Address						iin ook eish M	
C/O OREST	E TERRAFERMA	C/O ORESTE TERF	AFFRUA				
19295 WEST DIXIE HWY. 19295 WEST DIXIE HWY.							
MIAMI FL 33	3180-2641	MIAMI FL 33180-26	41		3. Date Incorporated or Qualified	3a. Date	of Last Report
6 Biri 18					08/20/1991	00	3/30/1995
2. Principal Pla	ace of Business	_2a. Mailing Address [26]			4. FET Number		Applied For
Suite, Apt. #	t, etc.	Suite, Apt. #, etc.			65-0348460	<del></del>	Not Applicable
22		27			5. Certificate of Status Desired		\$8.75 Additional Fee Required
City & State		City & State			6. Election Campaign Financing		\$5.00 May Be
23		28			Trust Fund Contribution		Added to Fees
Z₁p 24	Country 25	Ζηρ <b>29</b>	Country 30		8. This corporation has liability for	intangible tax s □No	unders 199.032,
···	9. Name and Address of C		1301		10. Name and Address of New		gent
		····	81	Name		iogiotoro p	gent
TERRAF	FERMA ORESTE		82	Stroot Adds	race (P.O. Box N. Initrodus Not Accorde	hia)	
208 PONCE DE LEON BLVD.				Street Addi	ot Address (P.O. Box Number is Not Acceptable)		
CORAL	GABLES FL 33134		83	,			
			84	City			85 Zip Code
11 Dura anti-	o too provident of Continue CO	0000				FL	
or registere	ed agent, or both, in the State o	r.0002 and 607,1508, Florida Stati if Florida. Such change was author	utes, the above har fized by the corpora	rted corpor ation's boar	alion submits this statement for the purd of directors. I hereby accept the app	rpose of char pointment as r	iging its registered offic epistered agent. Lam
TOTAL TITLE	h, and accept the obligations of	, Section 607.0505, Florida Statute	es.		cap,	Jenning III Ele I	egotoreo agont: Faiti
SIGNATURE _	Signature, typind or printed manie of rejisters,	od o rest er o tres flavors abis	भवीत के पुरस्कत Agers		Nabe partie	TATE	
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certify that the information indicated on this acquair report or supplemental and does not quality for the exemption stated in Section 119.07(3)(k). Florida Statutes I further certify that the information indicated on this acquair 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: DELETEVE OF PRINTED NAME OF SIGNING OFFICER ON DIRECTOR