**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 APR 19 AM 9:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # **V50555** **(4)**

1. Corporation Name
**RODRIGUEZ PACKING & CRATE, INC.**

DO NOT WRITE IN THIS SPACE

| Principal Place of Business | Mailing Address |
|---|---|
| 6994 N.W. 50TH ST.<br>MIAMI FL 33166<br>US | 6994 N.W. 50TH ST.<br>MIAMI FL 33166<br>US |

3. Date Incorporated or Qualified: **07/14/1992**
3a. Date of Last Report: **07/06/1994**

2. Principal Place of Business
21: 7311 N.W. 56 ST.
22: Suite, Apt. #, etc.
23: City & State: MIAMI, FL.
24: Zip: 33166
25: Country: DADE

2a. Mailing Address
26: 7311 N.W. 56 ST.
27: Suite, Apt. #, etc.
28: City & State: MIAMI, FL
29: Zip: 33166
30: Country: DADE

4. FEI Number: **65-0346420** ☐ 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

RODRIGUEZ, ISIDRO
6994 N.W. 50TH ST.
# 31
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name: RODRIGUEZ, ISIDRO
82 Street Address (P.O. Box Number is Not Acceptable): 7311 N.W. 56ST.
83:
84 City: MIAMI FL 85 Zip Code: 33166

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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when mandatory) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | PD | 11 TITLE | ☐ Change ☐ Addition |
| NAME | RODRIGUEZ, ISIDRO | 12 NAME | |
| STREET ADDRESS | 6994 N.W. 50TH STREET | 13 STREET ADDRESS | |
| CITY ST ZIP | MIAMI FL | 14 CITY ST ZIP | |
| TITLE | SD | 21 TITLE | ☐ Change ☐ Addition |
| NAME | RODRIGUEZ, ALICIA | 22 NAME | |
| STREET ADDRESS | 6994 NW 50TH ST. | 23 STREET ADDRESS | |
| CITY ST ZIP | MIAMI FL | 24 CITY ST ZIP | |
| TITLE | | 31 TITLE | ☐ Change ☐ Addition |
| NAME | | 32 NAME | |
| STREET ADDRESS | | 33 STREET ADDRESS | |
| CITY ST ZIP | | 34 CITY ST ZIP | |
| TITLE | | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | 42 NAME | |
| STREET ADDRESS | | 43 STREET ADDRESS | 4/19/95 NBT |
| CITY ST ZIP | | 44 CITY ST ZIP | |
| TITLE | | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | 52 NAME | |
| STREET ADDRESS | | 53 STREET ADDRESS | |
| CITY ST ZIP | | 54 CITY ST ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ Addition |
| NAME | | 62 NAME | |
| STREET ADDRESS | | 63 STREET ADDRESS | |
| CITY ST ZIP | | 64 CITY ST ZIP | |

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)(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:** X Isidro Rodriguez 3/22/95
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Telephone Number

0101010 CP