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 MAY -1 PM 10:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V65503** **(7)**

1. Corporation Name
MARACUYA & TROPICAL FRUITS, INC.

Principal Place of Business
775 FERNWOOD ROAD
APT. 62
KEY BISCAYNE FL 33149
US

Mailing Address
775 FERNWOOD RD.
KEY BISCAYNE FL 33149

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/17/1992
3a. Date of Last Report: 05/01/1994

21 2. Principal Place of Business: 9007 SW 151 AVE RD
22 Suite, Apt. #, etc.:
23 City & State: Miami, Fl
24 Zip: 33196 25 Country:

27 2a. Mailing Address: 9007 SW 151 AVE RD
28 City & State: Miami, Florida
29 Zip: 33196 30 Country:

4. FEI Number: 65-0363320 ☐ 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

CAMINO, EDUARDO A
775 FERNWOOD RD.
KEY BISCAYNE FL 33149

10. Name and Address of New Registered Agent

81 Name: EDUARDO CAMINO
82 Street Address (P.O. Box Number is Not Acceptable): 9007 SW 151 AVE. RD.
83
84 City: Miami, Fl. FL 85 Zip Code: 33196

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1 1 TITLE	☐ Change ☐ Addition
NAME	CAMINO, EDUARDO A	1 2 NAME	CAMINO EDUARDO
STREET ADDRESS	775 FERNWOOD RD.	1 3 STREET ADDRESS	9007 S.W. 151 AVE RD.
CITY-ST-ZIP	KEY BISCAYNE FL 33149	1 4 CITY-ST-ZIP	Miami, Fl. 33196
TITLE	DS	2 1 TITLE	☐ Change ☐ Addition
NAME	CAMINO, HILDEGARD INGR	2 2 NAME	CAMINO, HILDEGARD INGR.
STREET ADDRESS	774 FERNWOOD ROAD	2 3 STREET ADDRESS	9007 SW 151 AVE RD.
CITY-ST-ZIP	KEY BISCAYNE FL	2 4 CITY-ST-ZIP	Miami, Fl. 33196
TITLE	D	3 1 TITLE	☐ Change ☐ Addition
NAME	ARTADI, MANUEL	3 2 NAME	
STREET ADDRESS	555 CRANDON BLVD. SUITE 43	3 3 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	3 4 CITY-ST-ZIP	
TITLE	DS	4 1 TITLE	☐ Change ☐ Addition
NAME	VITERI, FRANCISCO	4 2 NAME	
STREET ADDRESS	555 CRANDON BLVD. SUITE 64	4 3 STREET ADDRESS	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	4 4 CITY-ST-ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY-ST-ZIP		5 4 CITY-ST-ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY-ST-ZIP		6 4 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 H. INGRID CAMINO SECRETARY 4/27/95 305-383-7456
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0182384 CP