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 MAR 24 AM 6:46
TALLAHASSEE, FLORIDA
QD

DOCUMENT # K07672 (4)

1. Corporation Name
THOMPSON'S FARM FRESH PRODUCE COMPANY, INC.

Principal Place of Business	Mailing Address
453 VAN PELT LANE PENSACOLA FL 32505	453 VAN PELT LANE PENSACOLA FL 32505

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/17/1987	3a. Date of Last Report: 07/20/1994
4. FEI Number: 59-2541118	Applied For / FEI Applied For
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	

2. Principal Place of Business	2a. Mailing Address
21	26 3100 HILTON ST.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28 Jacksonville, FL
Zip 24 / Country 25	Zip 29 32203 / Country 30 USA

9. Name and Address of Current Registered Agent

THOMPSON, PRESTON
453 VAN PELT LANE
PENSACOLA FL 32505

10. Name and Address of New Registered Agent

01 Name: Larry H Maurer
02 Street Address (P.O. Box Number is Not Acceptable): 3100 Hilton Street
03
04 City: Jacksonville FL 05 Zip Code: 32203

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: SEE ATTACHED STATEMENT
(Signature typed or printed name of registered agent and the date.) (If agent is a corporation, the signature and title of officer.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '95	
TITLE	PD	01 TITLE	President & Director ☒ Change ☐ Addition
NAME	THOMPSON, PRESTON	02 NAME	Lawrence Movsovitz
STREET ADDRESS	9 CLARINDA LN	03 STREET ADDRESS	3100 Hilton St.
CITY ST ZIP	PENSACOLA FL	04 CITY ST ZIP	Jacksonville, FL 32203
TITLE	VD	21 TITLE	Secretary & Treasurer ☒ Change ☐ Addition
NAME	THOMPSON, CONNIE	22 NAME	Larry Maurer
STREET ADDRESS	9 CLARINDA LN	23 STREET ADDRESS	3100 Hilton St.
CITY ST ZIP	PENSACOLA FL	24 CITY ST ZIP	Jacksonville, FL 32203
TITLE	ST	41 TITLE	Asst. Secretary ☒ Change ☐ Addition
NAME	THOMPSON, CONNIE	42 NAME	Bernadette M. Kruk
STREET ADDRESS	9 CLARINDA LN	43 STREET ADDRESS	15303 Dallas Parkway, # 1250
CITY ST ZIP	PENSACOLA FL	44 CITY ST ZIP	Dallas, TX 75248
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	TLS 3/24/95
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	
TITLE		81 TITLE	☐ Change ☐ Addition
NAME		82 NAME	P00001439787
STREET ADDRESS		83 STREET ADDRESS	-03/27/95--01002--010
CITY ST ZIP		84 CITY ST ZIP	****200.00 ****200.00
TITLE		101 TITLE	
NAME		102 NAME	
STREET ADDRESS		103 STREET ADDRESS	
CITY ST ZIP		104 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: Bernadette M Kruk Bernadette M. Kruk 3/14/95 214-387-2394
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0307600 CP

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FLORIDA DEPARTMENT OF STATE

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95 MAR 24 AM 11:49

TALLAHASSEE, FLORIDA

DOCUMENT # K12780

1. Corporation Name

SONY BROADCAST EXPORT CORPORATION

Principal Place of Business
5201 Blue Lagoon Drive
Suite 400
Miami, Florida 33126

Mailing Address
SONY ELECTRONICS INC.
1 SONY DRIVE T2-2
PARK RIDGE, N.J. 07656

3. Date Incorporated: 01/22/1988

3a. Date of Last Report: 5/1/94

4. FEI Number: 22-2867 168

5. Certificate of Status Desired: X — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: N/A — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199 Florida Statutes: X Yes ☐ No

2. Principal Place of Business

21 5201 Blue Lagoon Drive
22 Suite, Apt. #, etc.: Suite 400
23 City & State: Miami, Florida
24 Zip: 33126
25 Country: U.S.A.

2a. Mailing Address

26 1 SONY DRIVE
27 Suite, Apt. #, etc.: MD - T2-2
28 City & State: PARK RIDGE, N. J. 07656
29 Zip:
30 Country:

9. Name and Address of Current Registered Agent

C. T. CORPORATION SYSTEM
1200-SOUTH PINE ISLAND ROAD
PLANTATION, FL. 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL
85 Zip Code

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

12. OFFICERS AND DIRECTORS

Title	Name
P/D	ADAMO, GLENN
S	NEES, KENNETH L.
T/A/S	HAMMANG, DANIEL F.
D	STEINBERG, CHARLES
	T.S. 3/24/95

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

Title / Name	Street Address / City-St-Zip	Change / Addition
	5201 BLUE LAGOON DRIVE, SUITE 400, MIAMI, FLORIDA 33126	X Change
	5201 BLUE LAGOON DRIVE, SUITE 400, MIAMI, FLORIDA 33126	X Change
	5201 BLUE LAGOON DRIVE, SUITE 400, MIAMI, FLORIDA 33126	X Change
	5201 BLUE LAGOON DRIVE, SUITE 400, MIAMI, FLORIDA 33126	X Change
D HIROSHIGE, YOSHINORI	5201 BLUE LAGOON DRIVE, SUITE 400, MIAMI, FLORIDA 33126	X
D TSURUMI, MICHIAKI	5201 BLUE LAGOON DRIVE, SUITE 400, MIAMI, FLORIDA 33126	X

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, 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: [signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DANIEL F. HAMMANG

305-260-4006 — March 22, 1995

305-260-4006

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		1 1 TITLE 1 2 NAME 1 3 STREET ADDRESS 1 4 CITY - ST - ZIP	D/V/P ☐ Change ☒ Addition MOSES, ROBERT H 5201 Blue Lagoon Drive, Suite 400 Miami, Fl. 33126
TITLE NAME STREET ADDRESS CITY - ST - ZIP	N/A	2 1 TITLE 2 2 NAME 2 3 STREET ADDRESS 2 4 CITY - ST - ZIP	☐ Change ☐ Addition N/A
TITLE NAME STREET ADDRESS CITY - ST - ZIP	N/A	3 1 TITLE 3 2 NAME 3 3 STREET ADDRESS 3 4 CITY - ST - ZIP	☐ Change ☐ Addition N/A
TITLE NAME STREET ADDRESS CITY - ST - ZIP	N/A	4 1 TITLE 4 2 NAME 4 3 STREET ADDRESS 4 4 CITY - ST - ZIP	☐ Change ☐ Addition N/A
TITLE NAME STREET ADDRESS CITY - ST - ZIP	N/A	5 1 TITLE 5 2 NAME 5 3 STREET ADDRESS 5 4 CITY - ST - ZIP	☐ Change ☐ Addition N/A
TITLE NAME STREET ADDRESS CITY - ST - ZIP	N/A	6 1 TITLE 6 2 NAME 6 3 STREET ADDRESS 6 4 CITY - ST - ZIP	☐ Change ☐ Addition N/A