



STATE OF ARIZONA
CORPORATION COMMISSION
CORPORATION ANNUAL REPORT
& CERTIFICATE OF DISCLOSURE

Arizona Corporation Commission



DUE ON OR BEFORE 10/14/2001

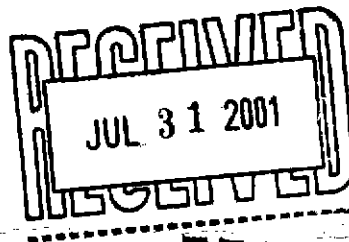
FY01-02

FILING FEE \$10.00

The following information is required by A.R.S. §§10-1622 & 10-11622 for all corporations organized pursuant to Arizona Revised Statutes, Title 10. The Commission's authority to prescribe this form is A.R.S. §§10-121.A. & 10-3121.A. **YOUR REPORT MUST BE SUBMITTED ON THIS ORIGINAL FORM.** Make changes or corrections where necessary. Information for the report should reflect the current status of the corporation. See instructions for proper format. REFER TO THE INSTRUCTIONS ON PAGE 4.

1. -0520895-0

FRESH PRODUCE ASSOCIATION OF THE AMERICA
PO BOX 848
NOGALES, AZ 85628



RECEIVED

MAR 13 2002

Business Phone: _____ (Business phone is optional.)

State of Domicile: **ARIZONA**

Type of Corporation: **NON-PROFIT**

2. Arizona Statutory Agent: ~~JAMES A SOTO~~ DANIEL J. COOGAN

Street Address: 441 N GRAND AVE #13
NOGALES, AZ 85621

City, State, Zip:

ARIZONA CORP COMMISSION
CORPORATIONS DIVISION

ACC USE ONLY

Fee \$ 10

Penalty \$ _____

Reinstate \$ _____

Expedite \$ _____

Resubmit \$ _____

Use this box only if appointing a new Statutory Agent

If appointing a new statutory agent, the new agent MUST consent to that appointment by signing below.

I, (individual) or We, (corporation or limited liability company) having been designated the new Statutory Agent, do hereby consent to this appointment until my removal or resignation pursuant to law.

Signature of new Statutory Agent

3. Secondary Address:

(Foreign Corporations are
REQUIRED to complete
this section.)

4. Check the one category below which best describes the CHARACTER OF BUSINESS of your corporation.

BUSINESS CORPORATIONS

- | | |
|---|--|
| <input type="checkbox"/> 1. Accounting | <input type="checkbox"/> 20. Manufacturing |
| <input type="checkbox"/> 2. Advertising | <input type="checkbox"/> 21. Mining |
| <input type="checkbox"/> 3. Aerospace | <input type="checkbox"/> 22. News Media |
| <input type="checkbox"/> 4. Agriculture | <input type="checkbox"/> 23. Pharmaceutical |
| <input type="checkbox"/> 5. Architecture | <input type="checkbox"/> 24. Publishing/Printing |
| <input type="checkbox"/> 6. Banking/Finance | <input type="checkbox"/> 25. Ranching/Livestock |
| <input type="checkbox"/> 7. Barbers/Cosmetology | <input type="checkbox"/> 26. Real Estate |
| <input type="checkbox"/> 8. Construction | <input type="checkbox"/> 27. Restaurant/Bar |
| <input type="checkbox"/> 9. Contractor | <input type="checkbox"/> 28. Retail Sales |
| <input type="checkbox"/> 10. Credit/Collection | <input type="checkbox"/> 29. Science/Research |
| <input type="checkbox"/> 11. Education | <input type="checkbox"/> 30. Sports/Sporting Events |
| <input type="checkbox"/> 12. Engineering | <input type="checkbox"/> 31. Technology(Computers) |
| <input type="checkbox"/> 13. Entertainment | <input type="checkbox"/> 32. Technology(General) |
| <input type="checkbox"/> 14. General Consulting | <input type="checkbox"/> 33. Television/Radio |
| <input type="checkbox"/> 15. Health Care | <input type="checkbox"/> 34. Tourism/Convention Services |
| <input type="checkbox"/> 16. Hotel/Motel | <input type="checkbox"/> 35. Transportation |
| <input type="checkbox"/> 17. Import/Export | <input type="checkbox"/> 36. Utilities |
| <input type="checkbox"/> 18. Insurance | <input type="checkbox"/> 37. Veterinary Medicine/Animal Care |
| <input type="checkbox"/> 19. Legal Services | <input type="checkbox"/> 38. Other _____ |

NON-PROFIT CORPORATIONS

- | |
|---|
| <input type="checkbox"/> 1. Charitable |
| <input type="checkbox"/> 2. Benevolent |
| <input type="checkbox"/> 3. Educational |
| <input type="checkbox"/> 4. Civic |
| <input type="checkbox"/> 5. Political |
| <input type="checkbox"/> 6. Religious |
| <input type="checkbox"/> 7. Social |
| <input type="checkbox"/> 8. Literary |
| <input type="checkbox"/> 9. Cultural |
| <input type="checkbox"/> 10. Athletic |
| <input type="checkbox"/> 11. Science/Research |
| <input type="checkbox"/> 12. Hospital/Health Care |
| <input type="checkbox"/> 13. Agricultural |
| <input type="checkbox"/> 14. Animal Husbandry |
| <input type="checkbox"/> 15. Homeowner's Association |
| <input checked="" type="checkbox"/> 16. Professional, commercial
industrial or trade association |
| <input type="checkbox"/> 17. Other _____ |

5. CAPITALIZATION: (Business Corporations and Business Trusts are **REQUIRED** to complete this section.)

Business trusts must indicate the number of transferable certificates held by trustees evidencing their beneficial interest in the trust estate.

Number of Shares/Certificates Authorized Class Series Within Class (if any)

Number of Shares/Certificates Issued Class Series Within Class (if any)

6. SHAREHOLDERS (Business Corporations and Business Trusts are **REQUIRED** to complete this section.)

List shareholders holding more than 20% of any class of shares issued by the corporation, or having more than a 20% beneficial interest in the corporation. **Please Type or Print Clearly.**

Name: _____ Name: _____

NONE ☐

Name: _____ Name: _____

7. OFFICERS Please Type or Print Clearly.

Name: LEE FRANKEL

Name: CHUCK CIRULI

Title: PRESIDENT/CEO

Title: CHAIRMAN

Address: P.O. BOX 848

Address: P.O. BOX 699

NOGALES, AZ 85628

NOGALES, AZ 85628

Date taking office: 01/23/96

Date taking office: 05/31/2000

Name: LEE FRANKEL

Name: JESSE K. DRISKILL

Title: SECRETARY/TREASURER

Title: VICE CHAIRMAN

Address: P.O. BOX848

Address: P.O. BOX 1944

NOGALES, AZ 85628

NOGALES, AZ 85628

Date taking office: 01/23/96

Date taking office: 05/31/2000

8. DIRECTORS Please Type or Print Clearly.

SEE ATTACHED LIST

Name: _____

Name: _____

Address: _____

Address: _____

Date taking office: _____

Date taking office: _____

Name: _____

Name: _____

Address: _____

Address: _____

Date taking office: _____

Date taking office: _____

September 15, 2001

Arizona Corporation Commission

Re: ANNUAL REPORT OF FRESH PRODUCE ASSOCIATION OF THE AMERICAS
FY 01-02
DUE ON OR BEFORE 10/14/01

We have compiled the statement of financial condition – balance sheet (Schedule A) of the above named company for the date indicated above and included in the accompanying prescribed form, in accordance with the Statements on Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants.

Our compilation was limited to presenting in the form prescribed by the Arizona Corporation Commission information that is the representation of management. We have not audited or reviewed the financial statements referred to above and, accordingly, do not express an opinion or any form of assurance.

These financial statements are presented in accordance with the requirements of the Arizona Corporation Commission, which differ from generally accepted accounting principles and do not include all the disclosures required by generally accepted accounting principles. Accordingly, these financial statements are not designed for those who are not informed about such differences.

Jeong, Suarez & Lizardi, P.C.
Certified Public Accountants

Form 99 (2000) Page 2

Schedule A - Balance Sheet

Note: Amounts used in attached schedules and in this column should be end of year amounts.

(a)
Beginning of year(b)
End of year

Assets

A1 Cash

A2a Accounts receivable A2a 86,408 00

b Less: allowance for doubtful accounts A2b 00

c Line A2a less line A2b. Enter difference in column (b)

A3a Other notes and loans receivable - attach schedule A3a 00

b Less: allowance for doubtful accounts A3b 00

c Line A3a less line A3b. Enter difference in column (b)

A4 Inventories

A5 Investments (securities) - attach schedule

A6 Investments (other) - attach schedule

A7a Land, buildings, and equipment; basis A7a 352,417 00

b Less: accumulated depreciation - attach schedule A7b 148,050 00

c Line A7a less line A7b. Enter difference in column (b)

A8 Other assets - describe PREPAID ANNUITY AND EXPENSES

A9 Total assets - add lines A1 through A8

116,228	00	A1	137,723	00
183,427	00	A2c	86,408	00
5,544	00	A3c	14,393	00
399,730	00	A4	324,723	00
181,574	00	A5		00
32,115	00	A6		00
918,618	00	A7c	204,367	00
	00	A8	36,297	00
	00	A9	803,911	00

Liabilities

A10 Accounts payable and accrued expenses

A11 Mortgages and other notes payable - attach schedule

A12 Other liabilities - describe

A13 Total liabilities - add lines A10 through A12

677	00	A10	1,089	00
	00	A11		00
	00	A12		00
677	00	A13	1,089	00

Net Assets

A14 Capital stock or trust principal

A15 Paid-in or capital surplus

A16 Retained earnings or accumulated income

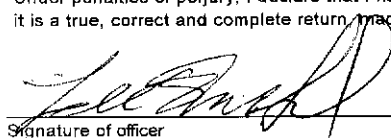
A17 Total net assets - add lines A14 through A16

A18 Total liabilities and net assets - add lines A13 and A17

	00	A14		00
	00	A15		00
917,941	00	A16	802,822	00
917,941	00	A17	802,822	00
918,618	00	A18	803,911	00

Certification Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is a true, correct and complete return made in good faith, for the taxable year stated pursuant to the income tax laws of the State of Arizona.

Please
Sign here



2-28-02

Date

President

Title

Paid
Preparer's
Use Only

Preparer's signature

Date

JEONG, SUAREZ & LIZARDI, P.C.

86-0434407

Firm's name (or preparer's, if self-employed)

Preparer's TIN

, P.O. BOX 848, NOGALES, AZ

85628

Firm's address

ZIP code

FRESH PRODUCE ASSOCIATION OF THE AMERICA

86-0079775

GEORGE MENDEZ P.O. BOX 4737 RIO RICO, AZ 85648	DIRECTOR 5 HRS/WEEK	0.	0.	0.
MONTIE MCGOVERN P.O. BOX 4286 RIO RICO, AZ 85648	DIRECTOR 5 HRS/WEEK	0.	0.	0.
JUAN CARLOS CARDENAS P.O. BOX 607 NOGALES, AZ 85628	DIRECTOR 5 HRS/WEEK	0.	0.	0.
ANA ASTRID CELAYA P.O. BOX 1868 NOGALES, AZ 85628	DIRECTOR 5 HRS/WEEK	0.	0.	0.
LEE FRANKEL P.O. BOX 848 NOGALES, AZ 85628	PRESIDENT 40 HRS/ WEEK	74,232.	0.	0.
JAIME CHAMBERLAIN P.O. BOX 1972 NOGALES, AZ 85628	DIRECTOR 5 HRS/WEEK	0.	0.	0.
ROSIE FAVELA 555 W GOLD HILL ROAD, B14 NOGALES, AZ 85621	DIRECTOR 5 HRS/WEEK	0.	0.	0.
JORGE GAMEZ P.O. BOX 6598 NOGALES, AZ 85628	DIRECTOR 5 HRS/WEEK	0.	0.	0.
JULIO LOPEZ PODESTA 837 E. FRONTAGE ROAD NOGALES, AZ 85621	DIRECTOR 5 HRS/WEEK	0.	0.	0.
BERT MONTEVERDE, JR P.O. BOX 548 NOGALES, AZ 85628	DIRECTOR 5 HRS/WEEK	0.	0.	0.
GILBERT G. MUNGUIA P.O. BOX 7269 NOGALES, AZ 85628	DIRECTOR 5HRS/WEEK	0.	0.	0.
FRANCISCO OBREGON 716 W PLACITA HERMAN RIVAS NOGALES, AZ 85621	DIRECTOR 5HRS/WEEK	0.	0.	0.
GERARDO RITZ P.O. BOX 1807 NOGALES, AZ 85628	DIRECTOR 5HRS/WEEK	0.	0.	0.

FORM 990

PART V - LIST OF OFFICERS, DIRECTORS,
TRUSTEES AND KEY EMPLOYEES

STATEMENT 6

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
CHUCK CIRULI P.O. BOX 699 NOGALES, AZ 85628	CHAIRMAN 5 HRS/WEEK	0.	0.	0.
JESSE K. DRISKILL P.O. BOX 1944 NOGALES, AZ 85628-1944	VICE-CHAIRMAN 5 HRS/WEEK	0.	0.	0.
ROBERT BENNEN, SR. P.O. BOX 1486 NOGALES, AZ 85628	DIRECTOR 5 HRS/WEEK	0.	0.	0.
BRIAN VANDERVOET P.O. BOX 4172 RIO RICO, AZ 85648	DIRECTOR 5 HRS/WEEK	0.	0.	0.
ALICIA BON MARRTIN P.O. BOX 850 NOGALES, AZ 85628	DIRECTOR 5 HRS/WEEK	0.	0.	0.
BRENT HARRISON P.O. BOX 699 NOGALES, AZ 85628-0699	DIRECTOR 5 HRS/WEEK	0.	0.	0.
MARTIN LEY P.O. BOX 6550 NOGALES, AZ 85628-6550	DIRECTOR 5 HRS/WEEK	0.	0.	0.
ALBERTO MALDONADO P.O. BOX 6542 NOGALES, AZ 85628	DIRECTOR 5 HRS/WEEK	0.	0.	0.
MIGUEL A. SUAREZ P.O. BOX 1286 NOGALES, AZ 85628	DIRECTOR 5HRS/WEEK	0.	0.	0.
WILLIAM SYKES P.O. BOX 1057 NOGALES, AZ 85628	DIRECTOR 5HRS/WEEK	0.	0.	0.
LEONARDO TARRIBA P.O. BOX 6328 NOGALES, AZ 85628	DIRECTOR 5HRS/WEEK	0.	0.	0.
CHUCK THOMAS P.O. BOX 998 NOGALES, AZ 85628	DIRECTOR 5HRS/WEEK	0.	0.	0.

TOTALS INCLUDED ON FORM 990, PART V

74,232.

0.

0.

9. FINANCIAL DISCLOSURE (A.R.S. §§10-1622.B & 10-11622.A.9)

Nonprofit corporations must attach a financial statement (balance sheet including assets, liabilities and equity). All other forms of corporations are exempt from filing a financial disclosure.

9A. MEMBERS (A.R.S. § 10-11622.A.6) Nonprofit Corporations Only:

This corporation **does** ☒ **does not** ☐ have members.

10. CERTIFICATE OF DISCLOSURE (A.R.S. §§10-1622.A.8 & 10-11622.A.7)

Has ANY person serving either by election or appointment as an officer, director, trustee, incorporator and person controlling or holding more than 10% of the issued and outstanding common shares or 10% of any other proprietary, beneficial or membership interest in the corporation been: [Underlined portion pertains to profit corporations only]

1. Convicted of a felony involving a transaction in securities, consumer fraud or antitrust in any state or federal jurisdiction within the seven year period immediately preceding the execution of this certificate?
2. Convicted of a felony, the essential elements of which consisted of fraud, misrepresentation, theft by false pretenses or restraint of trade or monopoly in any state or federal jurisdiction within the seven year period immediately preceding execution of this certificate?
3. Or are subject to an injunction, judgment, decree or permanent order of any state or federal court entered within the seven year period immediately preceding execution of this certificate where such injunction, judgment, decree or permanent order involved the violation of:

- (a) fraud or registration provisions of the securities laws of that jurisdiction, or
- (b) the consumer fraud laws of that jurisdiction, or
- (c) the antitrust or restraint of trade laws of that jurisdiction?

One box must be marked:

YES ☐**NO** ☒

If "YES", the following information must be submitted as an attachment to this report for each person subject to one or more of the actions stated in Items 1. through 3. above.

- | | |
|---|---|
| 1. Full name and prior names used. | 5. Date and location of birth. |
| 2. Full birth name. | 6. Social Security Number |
| 3. Present home address. | 7. The nature and description of each conviction or judicial action; the date and location; the court and public agency involved, and the file or cause number of the case. |
| 4. Prior addresses (for immediate preceding 7 year period). | |

11. STATEMENT OF BANKRUPTCY (A.R.S. §§10-202.D.2 & 10-3202.02)

Has ANY person serving either by election or appointment as an officer, director, trustee, incorporator and person controlling or holding more than 20% of the issued and outstanding common shares or 20% of any other proprietary, beneficial or membership interest in the corporation served in such capacity or held a 20% interest in any other corporation during the bankruptcy, receivership, or charter revocation of the other corporation? [Underlined portion pertains to profit corporations only]

One box must be marked:

YES ☐**NO** ☒

Chapter _____

Date Filed _____

Case Number _____

If "YES", the following information must be submitted as an attachment to this report for each person subject to the statement above.

- 1) The names and addresses of each corporation and the person or persons involved. 2) The state in which each corporation was a) incorporated b) transacted business. 3) The dates of corporate operation.

12. SIGNATURES

CAUTION: Annual Reports must be signed by a duly authorized officer. Annual Reports submitted with incorrect signatures will be rejected.

I DECLARE, UNDER PENALTY OF LAW, THAT ALL CORPORATE INCOME TAX RETURNS REQUIRED BY TITLE 43 OF THE ARIZONA REVISED STATUTES HAVE BEEN FILED WITH THE ARIZONA DEPARTMENT OF REVENUE.

I further declare under penalty of law that I (we) have examined this report and the certificate, including any attachments, and to the best of my (our) knowledge and belief they are true, correct and complete.

Name Lee Frankel Date 2/28/01 Name _____ Date _____

Signature Lee Frankel Signature _____

Title President Title _____

(Signator(s) must be duly authorized corporate officer(s) listed in section 7 of this report.)