Form 5500-SF Short Form Annual Return/Report of Small Em Benefit Plan					OYEE OMB Nos. 1210-0110 1210-0089				
	of the Treasury evenue Service	This form is required to be filed		4065 of the Employee R	etirement		2015		
Employee Benefits	ent of Labor Security Administration Guaranty Corporation	Income Security Act of 1974 ((ERISA), and sections 60 Revenue Code (the Cod	57(b) and 6058(a) of the e).	Internal		Form is Open to lic Inspection		
		Complete all entries in a Information	ccordance with the inst	tructions to the Form 5	500-SF.		-		
		al plan year beginning 01/01/20	015	and ending 12	2/31/2015				
A This return/r	eport is for:	a single-employer plan		plan (not multiemployer) mployer information in ac	(Filers che	-			
B This return/re	eport is	the first return/report an amended return/report	the final return/report	rn/report (less than 12 m	onths)				
C Check box i	f filing under:	Form 5558	automatic extension			DFVC prog	ram		
	a sia Dian Infan	special extension (enter descri							
1a Name of pl	an	mation—enter all requested info			(PN)	number) ▶ ctive date o	•		
Mailing add	Iress (include room,	r, if for a single-employer plan) apt., suite no. and street, or P.O.			2b Emp (EIN	loyer Identi	1/2004 fication Number 011256		
	n, state or province, SPECIALTY PROI	country, and ZIP or foreign posta DUCE, INC	I code (if foreign, see ins	tructions)	2c Spo	C Sponsor's telephone number 305-599-9302			
7326 NW 79TH T MEDLEY, FL 331					2d Busi	ness code (4249	see instructions)		
3a Plan admin	istrator's name and	address XSame as Plan Sponso	or.		3b Adm	inistrator's	EIN		
					3c Adm	inistrator's t	telephone number		
	, and the plan numb	blan sponsor has changed since the provided since the provided since the last return/report.	he last return/report filed	for this plan, enter the	4b EIN 4c PN				
		the beginning of the plan year			5a		12		
		the end of the plan year			5b		12		
C Number of	participants with ac	count balances as of the end of th	he plan year (defined ber	nefit plans do not	5c		12		
d(1) Total nu	mber of active partie	cipants at the beginning of the pla	ın year		5d(1)		10		
d(2) Total nu	mber of active parti	cipants at the end of the plan yea	r		5d(2)		7		
than 100%	vested	rminated employment during the	· · · · · · · · · · · · · · · · · · ·		5e		0		
Under penalties SB or Schedule	of perjury and othe	incomplete filing of this return, r penalties set forth in the instruct signed by an enrolled actuary, as etc.	tions, I declare that I have	e examined this return/re	port, includ	ing, if applic			
SIGN File		lid electronic signature.	07/18/2016	SAURIN WANI					
HERE	gnature of plan adı	ninistrator	Date	Enter name of individ	ual signing	as plan adr	ninistrator		
SIGN HERE	moture of american	v/nlon onor oor	Data	Entor nome of individu		00 0000			
	gnature of employe e (including firm nar	er/plan sponsor ne, if applicable) and address (ind	Date clude room or suite numb	Enter name of individ		as employe s telephone			
For Paperwork R	eduction Act Notice	and OMB Control Numbers, see the	instructions for Form 550	D-SF.			Form 5500-SF (2015)		

	Were all of the plan's assets during the plan year invested in eligib Are you claiming a waiver of the annual examination and report of		· /					X Yes No
D	under 29 CFR 2520.104-46? (See instructions on waiver eligibility a If you answered "No" to either line 6a or line 6b, the plan cann	and condit	ions.)			, ,		X Yes No
С	If the plan is a defined benefit plan, is it covered under the PBGC ir	nsurance p	rogram (see ERISA se	ction 4	021)?		Yes	No Not determined
Pa	t III Financial Information							
7	Plan Assets and Liabilities		(a) Beginning	of Yea	ar			(b) End of Year
а	Total plan assets	. 7a		814				767133
b	Total plan liabilities	. 7b						
С	Net plan assets (subtract line 7b from line 7a)	7c		814	774			767133
8	Income, Expenses, and Transfers for this Plan Year		(a) Amoເ	Int				(b) Total
а	Contributions received or receivable from:				000			
	(1) Employers	8a(1)			993	_		
	(2) Participants	8a(2)		43	945	_		
<u> </u>	(3) Others (including rollovers)	8a(3)				_		
	Other income (loss)	8b		16	998	_		
-	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c				_		72936
	Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		120				
e	Certain deemed and/or corrective distributions (see instructions)	8e						
f	Administrative service providers (salaries, fees, commissions)	8f			0			
g	Other expenses	8g			0	_		
h	Total expenses (add lines 8d, 8e, 8f, and 8g)	8h				_		120577
<u> </u>	Net income (loss) (subtract line 8h from line 8c)	8i				_		-47641
j	Transfers to (from) the plan (see instructions)	8j						
Pa	t IV Plan Characteristics							
9a	If the plan provides pension benefits, enter the applicable pension $2E$ $2G$ $2J$ $3D$	feature co	des from the List of Pla	an Chai	racteris	stic Co	odes in	the instructions:
B	If the plan provides welfare benefits, enter the applicable welfare for	eature cod	les from the List of Pla	n Chara	cterist	ic Coc	les in th	ne instructions:
Par	t V Compliance Questions							
10	During the plan year:				Yes	No	N/A	Amount
а	Was there a failure to transmit to the plan any participant contribu described in 29 CFR 2510.3-102? (See instructions and DOL's V Program)	/oluntary F	iduciary Correction	10a		X		
b	Were there any nonexempt transactions with any party-in-interest reported on line 10a.)			10b		x		
С	Was the plan covered by a fidelity bond?			10c	х			160000
d	Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		х		
е	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides som the plan? (See instructions.).	ne or all of	the benefits under	10e		x		
f	Has the plan failed to provide any benefit when due under the pla	ın?		10f		X		
g	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	end.)	10g		Х		
h		(See instru	uctions and 29 CFR	10h		Х		
i	If 10h was answered "Yes," check the box if you either provided the exceptions to providing the notice applied under 29 CFR 2520.10	he required	d notice or one of the	10i				
i	Did the plan trust incur unrelated business taxable income?					х		
Part				10j		~]	1

	· · · · · · · · · · · · · · · · · · ·
11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form
	5500) and line 11a below) Yes 🛛 No
11a	Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40 11a
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?

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					1				
(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)									
a	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver								
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.		.				
b	Enter	the minimum required contribution for this plan year		12b					
-		the amount contributed by the employer to the plan for this plan year		12c					
d		ract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the ative amount)		12d					
е	Will	the minimum funding amount reported on line 12d be met by the funding deadline?			Yes	No	N/A		
Part	VII	Plan Terminations and Transfers of Assets							
13a	Has	a resolution to terminate the plan been adopted in any plan year?			Ye	es X No			
		es," enter the amount of any plan assets that reverted to the employer this year		13a					
h		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou							
	of th	e PBGC?	-			Yes X	No		
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi h assets or liabilities were transferred. (See instructions.)	fy the plan(s) to						
1	13c(1)	Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)		
Part	VIII	Trust Information	-						
14a	Name	of trust		14b	Trusťs E	IN			
14c	Nam	e of trustee or custodian		14d		's or custodi ne number	an's		
Par	t IX	IRS Compliance Questions							
15a	Is th	e plan a 401(k) plan?		Ye	es	No			
15b		es," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals an hing contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?					P/ACP		
15c	testir	ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c ng method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 2)(ii))?		Y	es	No			
16a	Chec	k the box to indicate the method used by the plan to satisfy the coverage requirements under sect	ion 410(b):	Цр	atio ercentag est		erage nefit test		
16b		the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con lan with any other plans under the permissive aggregation rules?	0	Ye	es	No			
17a	Has	he plan been timely amended for all required tax law changes?		Ye	es	No	N/A		
	for ta	the last plan amendment/restatement for the required tax law changes was adopted///x law changes and codes).	•				tructions		
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter placer letter, enter the date of that favorable letter/ and the letter's serial r		t to a f	avorable 	IRS opinion	or		
17d		plan is an individually-designed plan and received a favorable determination letter from the IRS, e mination letter/	nter the date of	the pla	in's last fa	avorable			
18		e Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 e), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgir		Ye	S	No			
19	Were	in-service distributions made during the plan year?		Ye	es	No			
	lf "Y€	es," enter amount		19					
20	Were	required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of w d), as required under section 401(a)(9)?		Y	es	No	N/A		

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Form 5500-SF Department of the Treasury	Short Form Annual	Return/Report o Benefit Plan	f Small Employ	ee	OMB Nos. 1210-0110 1210-0089			
Department of Cabor	This form is required to be fi Retirement Income Security Ac	t of 1974 (ERISA), and s	ection 6057(b) and 6058	e I(a) of -	2015			
Employee Benefits Security Administration Pension Benefit Guaranty Corporation	Complete all entries in according to the second	emai Revenue Code (the ordance with the instru		D-SF.	This Form is Open to Public Inspection			
Annual Report Ic	ientification Information		<u>.</u>		· · · · · · · · · · · · · · · · · · ·			
For calendar plan year 2015 or fis ca	al plan year beginning	01/01/2015	and anding	12/3	1/2015			
A This return/report is for:	a single-amployer plan a one-participant plan	a multiple employer p a list of participating e s foreign plan	lan (not multiemployer) (mployer Information in a	(Filers che Iccordance	cking this box must attach with the form instructions)			
B This return/report is:	the first return/report an amended return/report	☐ the final return/report ☐ a short plan year rstu	n/report (less than 12 m	onths)				
C Check box if filing under:] Form 5558] special extension (enter descrip	utomatic extension tion)		[] 1	⊃FVC program			
Basic Plan Infor	mation enter all requested in	· · · · · · · · · · · · · · · · · · ·	······					
1a Name of plan	LTY PRODUCE, INC 401(K)		Plan	pia (PN	ee-digit n number N) ► 001			
					/01/2004			
Mailing Address (include room City of lown, state of province	er, if for a single-employer plan) 6. apt., suite no. and street or P.O. . country, and ZIP or foreign postal	Box) I code (if foreign, see inst	ructions)	2b Employer Identification Number (EIN) 65~1011256				
INTERNATIONAL SPECIA	LTY PRODUCE, INC			(3	onsor's telephona number 05) 599-9302			
7325 NW 79TH TERRACE	3				siness code (see instructions) 4990			
3a Plan administrator's name and	address 🕱 Same as Plan Spon	nsor Name		3b Adi	ministratora EIN			
				3C Ad	ministrator's telephone number			
4 If the name and/or EIN of the name, EIN, and the plan num!	plan sponsor has changed since the second since the second s	ne last return/report filed f	for this plan, enter the	4b Elh	4			
8 Sponsor's name				4C PN				
5a Total number of participants a	t the beginning of the plan year			5a	12			
b Total number of participants a	t the end of the plan year manned			5b	12			
C Number of participants with an complete this item)	count balances as of the end of the	e p'an year (defined ban	afit plans do not	5c	12			
d(1) Total number of active partic	cipants at the beginning of the plan	уваг тотоновительно	13 1 1 10 1 1 1 4 10 40 10 1 1 1 4 00 1 1 4 4 0 1 4 4 0 1 4 4 100 0	5d(1)	10			
d(2) Total number of active partic				5d(2)	7			
	minated employment during the p			5e	ð			
Caulion: A penalty for the late of								
Under penalties of perjury and oth SB or Schedula MB completed an belief, it is true, correct, and comp	d signed by an enrolled actuary, as	tions, i declare that i have s well as the electronic ve	e examined this return/reportsion of this return/reportsion	eport, inclu rt, and to t	iding, if applicable, a Schedule he bast of my knowledge and			
	w		SAURIN WANI					
Signature of plan edmit	nistrator	Date 7-18-201	Enter name of individu	al sioning	as plan administrator			
	1/1/	/ / ¥	SAURIN WANI					
ESE Signature of employer/		Date 7-18-2016		al signlar	as employer of plan sponsor			
	ame, if applicable) and address; inc				's telephone number			

1.3 Contraction of the second se Second second sec second second sec	A STATE OF A

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form \$500-SF.

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	Form 5500-\$F 2015		Page 2			_				
6a	Were all of the plan's assets during the plan year invested in eligible	e asseis? ((See Instructions)					·····	X Yes	
b	Are you claiming a waiver of the annual examination and report of a	indepen	dent qualified public acco					41 Passa		
	under 29 CFR 2520.104-46? (See instructions on waiver aligibility a If you answered "No" to either line 6a or line 6b, the plan canno	od opediti						#161 Es E 66 5	X Yes No	
¢	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA sacti	on 40	21)?		TT Ye	s 🗖 N	io 🛄 Not determin	ied
12	Financial Information									_
7	Plan Assets and Liabilities		(a) Beginning o	f Yea	r			(b) End	d of Year	
a	Total plan assets	7a		14,7				1-1	767,133	
þ	Total plan liabilities	75								
C	Net plan assets (subtract line 7b from line 7a)	70	6:	14,7	74	1			767,133	•
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount				·	(b)	Total	
a	Contributions received or receivable from: (1) Employers	80/41					<u></u>			S.
	(2) Participants	82(1)		11,9 43,9						
	(3) Others (including rollovers)	8a(2) 8a(3)	······	,	45		() <u>T</u>	2. 2. 7 F. 4		
b	Other income (loss)	86	······································	16,9	96	1	-174	12.5.15		
¢	Total Income (add lines 8a(1), 8a(2), 8a(3), and 8b)	80			30 2005		- and a star	rat in s		d's
d	Benefits paid (including direct rollovers and insurance premiums	<u>†</u>	n ann a stàitean a' stàitean an			1.55 1.55	S 11.	N	72,936	8
	to provide benefile)	8d	1:	20,5	77			1943		195
e 4	Certain deemed and/or corrective distributions (see instructions)	<u>8e</u>								
- 	Administrative service providers (salaries, fees commissions)	âf -			0					1
<u>У</u> ., Ь	Other expenses and loss of an and an	3			Ü	<u>.</u>	1			Χ.
<u></u>	Total expenses (add lines 6d, 6a, 8f, and 8g)	8h		4 4 - 19	777-34 197	<u>.</u>		····	120,577	
1	Transfers to (from) the plan (see instructions)	81 81		<u> </u>	ск. 3 _{. 17} .			FK):	(47,641)	
	Plan Characteristics	<u> </u>	• • • • • • • • • • • • • • • • • • •			P		<u></u>	a ser i <u>tanı a</u> rtıba	e. ,
9a	"if the plan provides pension benefits, enter the applicable pension for	Asiure cod	es from the List of Plan (hara	+ arist	ic Ca	dae in f	ta ineta	netinae :	
	2E 2G 2J 3D						1000101		10 (U) (S,	
b	f the plan provides welfare benefits, enter the applicable welfare fea	ature code	s from the List of Plan Ch	erect	eristic	Cod	es in th	e instruc	tions;	
90) 1	Compliance Questions		······································	•					······································	
10	During the plan year:				Yes	No	Sec.		Amount	-•-•
ā	Was there a failure to transmit to the plan any participant contribu						715			
	described in 29 CFR 2510.3-102? (See Instructions and DOL's Vo	oluntary Fi	duciary Correction							
 ł	Program)		*******	10a		X	N			
	 Were there any nonexempt transactions with any party-in-interest reported on line 10a.) 			105		x				
C				10c			33		160,00	 10
ç	Did the plan have a loss, whether or not reimbursed by the plan's	fidelity bor	nd, that was caused	 					+00,00	
	by fraud or dishonesty?			10d		×				-
Ì	carrier, insurance service, or other organization that provides som the plan? (See instructions.)	e or all of	the benefits under	10a		x				
f				101		x				
	Did the plan have any participant loans? (If "Yes," enter amount a	s of year e	nd.)	109		x	2	·····	· · · · · · · · · · · · · · · · · · ·	
ł	I If this is an individual account plan, was there a blackout period? (See instru	ctions and 29 CFR					22.25		
	2520.101-3.) •(1799111) (199110) (199110) ···································			101		X		Live Version Sector of the sector of the		1
1	If 10h was enswered "Yes." check the box if you either provided th exceptions to providing the notice applied under 29 CFR 2520.101	ne required	notice or one of the	10i						THE REAL
1	Did the plan trust incur unrelated business taxable income?									

Pension Funding Compliance 11 Is this a defined benefit plan subject to minimum funding requirements? (If "Yas," see instructions and complete Schedule SB (Form 5500) and line 11a below) Yes 🗶 No 11a Enter the unpaid minimum regulated contribution for current year from Schedule SB (Form 5500) line 40 _____ 11a

x

10j

12 is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?,, Yes X No

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	(if "Yes," complete the 12a or lines 12b, 12c, 12d, and 12	20 holow ee opplicable 1			F		<u> </u>	
	a If a waiver of the minimum funding standard for a prior y granting the waiver.	ear is being amontized in t	1	Aonth t	d enter ti Day	te dale of th Year		ruling
<u> f</u>	you completed line 12a, complete lines 3, 9, and 10 of S	Schedule MB (Form 5500	, and skip to IIn	e 13,		108		
<u></u>					120			
C	Enter the amount contributed by the employer to the plan				120			
d	Subtract the amount in line 12¢ from the amount in fine 1	2b. Enter the result fenter	a minus sign to fi	he left of a		· · · · · · · · · · · · · · · · ·		
<u> </u>	negative amount] more common and an				12ď			
0 100 - 100	Will the minimum funding amount reported on line 12d be		n#?			Yes 🗌	No [N/A
<u></u>	Plan Terminalions and Transfers of A	Assets						
<u>13a</u>	Has a resolution to terminate the plan been adopted in an	ny plan year?	····	Pa bå sam 1 + 1 3 4 8 1 2 4 9 5 1 9 1 1 1 4 69		as X No		
	If 'Yee," enter the amount of any plan assets that reverte	d to the employer this yea		••••••••••••••••••••••••••••••••••••••	13a			
b	Were all the plan assets distributed to participants or ben of the PBGC2	eficiaries, transferred to a	nother plan, or bro	ought under the	control		Yes	X No
¢	If during this plan year, any assets or liabilities were trans which assets or liabilities were transferred. (See instruction	ferred from this plan to an	other plan(s), ide	ntify the plan(s) i	0	Let	1100 1	
	13c(1) Name of plan(s):			13	c(2) EIN((s)	13c(3)	PN(s)
					-,-,-	<u>.</u>	100(0)	
600 C								
	Trust Information				•			
14a	Name of trust				14b T	rusi's EIN		
14	Name of trustee or custodian					rustee or cu obone numb		5
	IRS Compliance Questions				L			
15:	1 is the plan a 401(k) plan:				T Ye] No	
151	 If "Yes," how does the 401(k) plan satisfy the nondiscrimin matching contributions (as applicable) under sections 401 	nation requirements for an (k)(3) and 401 (m)(2)7	iployee deferrais	and employer	be: hai	elgn- sed safe [bor thod] ADP/ test	ACP
150	I ADP/ACP test, did the 401(k) plan perform ADP/ACP te testing method" for nonhighly compensated employees (T 2(a)(2)(ii))?	reas. Reg. section 1.401[k)-2(a)(2)(ii) and 1	ar .401(m)+	Ve.	s [] No	
	Check the box to indicate the method used by the plan to	satisfy the coverage requi	rements under se			cantage L] Avera Benel	ige fit Test
16	Does the plan satisfy the coverage and nondiscrimination this plan with any other plans under the permissive aggreg	tests of sections 410(b) a ation rules?	nd 401(a)(4) by c	ombining	☐ Ye	9 C] No	
	I Has the Plan been timely amonded for all required law che				🗌 Ye	» [] No	🛄 N/A
	Date of the last plan emendment/restatement for the requinstructions for tax law changes and codes).					sble code	•	
	If the plan sponsor is an adopter of a pre-approved masta advisory letter, enter the date of that favorable letter	/ / .andf	ne leiter's serial n	umhar				
	If the plan is an individually-designed plan and recieved a determination letter				te of plan	n's last favor	aole	
18	Is the Plan maintained in a U.S. territory (i.e., Puerto Rico made), American Samos, Guarn, the Commonwealth of th	(if no election under ERIS) le Northern Mariana Island	section 1022(i)(s or the U.S. Virg	2) has been in Islands)?	Ye:	3] No	
19	Ware in-service distributions made during the plan year?	81 5 2 2 2 4 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			Ye.	• C] No	
20	If Yes, enter amount				19			
<u> </u>	Were minimum required distributions made to 5% owners not refired) as required under section 401(a)(9)?	who have attained age 70			Ye Ye	· [] No	