For	m 5500-SF	Short Form Annua	l Return/Report Benefit Plan	of Small Empl	oyee	OMB Nos. 1210-0110 1210-0089				
	rtment of the Treasury nal Revenue Service	This form is required to be filed		1065 of the Employee R	etirement		2016			
Employee Be	epartment of Labor enefits Security Administration	Income Security Act of 1974 (E		7(b) and 6058(a) of the			orm is Open to ic Inspection			
	enefit Guaranty Corporation	Complete all entries in ac	cordance with the instr	uctions to the Form 5	500-SF.					
For calenda	Annual Report Ic	dentification Information al plan year beginning 01/01/201	6	and ending 12	2/31/2016					
		a single-employer plan		an (not multiemployer) (kina this box	k must attach a			
A This ret	urn/report is for:	a one-participant plan		aployer information in ac		-				
R This rate	urn/report is	the first return/report	the final return/report							
		an amended return/report	=	n/report (less than 12 m	onths)					
C Check I	box if filing under:	Form 5558	automatic extension		DFVC p	orogram				
	Ī	special extension (enter descrip	tion)							
Part II	Basic Plan Infor	mation —enter all requested infor	mation							
1a Name INTERNATIO		DUCE, INC 401(K) PROFIT SHAR	ING PLAN		1b Thre plan (PN)	number	001			
					. ,	ctive date of				
Mailing	address (include room,	er, if for a single-employer plan) apt., suite no. and street, or P.O. I			2b Employer Identification Number (EIN) 65-1011256					
City or	town, state or province,	uctions)	2c Sponsor's telephone number 305-599-9302							
			2d Business code (see instructions)							
7326 NW 791 MEDLEY, FL	TH TERRACE 33166					42499				
3a Plan a	dministrator's name and	address X Same as Plan Spons	or.		3b Administrator's EIN					
					3c Adm	inistrator's te	elephone number			
		plan sponsor has changed since th per from the last return/report.	e last return/report filed fo	or this plan, enter the	4b EIN					
a Sponse	or's name				4c PN	[
5a Total r	number of participants a	t the beginning of the plan year			5a		12			
		t the end of the plan year			5b		9			
		count balances as of the end of the		•	5c		9			
d(1) Tota	al number of active parti	cipants at the beginning of the plar	year		5d(1)		7			
		cipants at the end of the plan year			5d(2)		6			
e Numb	per of participants that te	rminated employment during the p	lan year with accrued be	nefits that were less	5e		C			
		incomplete filing of this return/r			use is esta	blished.				
Under pena SB or Sche	alties of perjury and othe	er penalties set forth in the instruction I signed by an enrolled actuary, as	ons, I declare that I have	examined this return/re	port, includ	ing, if applic	able, a Schedule knowledge and			
SIGN	Filed with authorized/va	alid electronic signature.	05/08/2017	SAURIN WANI						
HERE	Signature of plan ad	ual signing	as plan adm	ninistrator						
SIGN HERE										
	Signature of employed name (including firm name (including firm name)	er/plan sponsor me, if applicable) and address (incl	Date ude room or suite numbe	Enter name of individ er)		as employe s telephone				

6a										
b	Are you claiming a waiver of the annual examination and report of a 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	ot use Fo	rm 5500-SF and must instead use Fe	orm 5500.						
С	C If the plan is a defined benefit plan, is it covered under the PBGC insurance program (see ERISA section 4021)? Yes No Not determined									
Pa	Part III Financial Information									
7	Plan Assets and Liabilities		(a) Beginning of Year	(b) End of Year						
a	Total plan assets	7a	767133	876684						
b	Total plan liabilities	7b								
С	Net plan assets (subtract line 7b from line 7a)	7c	767133	876684						
8	Income, Expenses, and Transfers for this Plan Year		(a) Amount	(b) Total						
а	Contributions received or receivable from: (1) Employers	8a(1)	9975							
	(2) Participants	8a(2)	38865							
	(3) Others (including rollovers)	8a(3)								
b	Other income (loss)	8b	76280							
С	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		125120						
4	Description of the description of the second s									

C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c		125120
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d	15569	
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		15569
i Net income (loss) (subtract line 8h from line 8c)	8i		109551
j Transfers to (from) the plan (see instructions)	8j		
Part IV Plan Characteristics			
9a If the plan provides pension benefits, enter the applicable pension	feature co	odes from the List of Plan Characte	ristic Codes in the instructions:

9a	If the	plan	provi	des p	ension	benefits,	enter the	applicable	e pension	feature of	odes fron	n the Li	ist of Plar	Characte	eristic C	Codes in	the instru	ctions:
	2E	2G	2J	3D														

If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions: b

Part 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 contributions within the time period described in 29 CFR 2510.3-102? (See instructions and DOL's Voluntary Fiduciary Correction Program)	10a		Х		
b	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 10a.)	10b		Х		
C	Was the plan covered by a fidelity bond?	10c	Х			90000
d	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	10d		Х		
е	Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.)	10e		x		
f	Has the plan failed to provide any benefit when due under the plan?	10f		Х		
g	Did the plan have any participant loans? (If "Yes," enter amount as of year-end.)	10g		Х		
h	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	10h		Х		
i	If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3	10i				

Part	VI	Pension Funding Compliance						
11		is a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and co m 5500) and line 11a below)						Yes 🗙 No
11a	Ente	er the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 40			11a			
12		his a defined contribution plan subject to the minimum funding requirements of section 412 of the Co						Yes 🗙 No
		SA? Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)						
а	,	valver of the minimum funding standard for a prior year is being amortized in this plan year, see instr	uctior	ns, and	d enter t	he date	of the lett	er ruling
	gran	ting the waiver	onth _		_ Day		_ Year	
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line 1	3.					
b	Enter	the minimum required contribution for this plan year			12b			
С	Enter	the amount contributed by the employer to the plan for this plan year			12c			
d		tract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the le 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?				Yes	s XI	No
		es," enter the amount of any plan assets that reverted to the employer this year			13a			
b	Wer	e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brough rol of the PBGC?	nt und	er the			Yes	X No
c	lf, d	uring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identify the assets or liabilities were transferred. (See instructions.)			to			
1		Name of plan(s):		13c(2)	EIN(s)		13c(3) PN(s)
Part	VIII	Trust Information						
14a	Name	e of trust			14b ⊺	Frust's E	IN	
14c	Name	e of trustee or custodian					s or custo ne number	
Par	t IX	IRS Compliance Questions						
15a	Is the	plan a 401(k) plan? If "No," skip b		Yes		[No	
		did the plan satisfy the nondiscrimination requirements for employee deferrals under section)(3) for the plan year? Check all that apply:		Desig safe h	n-basec arbor	ł	"Prior y test	ear" ADP
				"Curre ADP t	ent year est	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	N/A	
16a		t testing method was used to satisfy the coverage requirements under section 410(b) for the plan ? Check all that apply:		Ratio perce test	entage		verage enefit test	□ N/A
16b		he plan satisfy the coverage and nondiscrimination requirements of sections 410(b) and 401(a)(4) e plan year by combining this plan with any other plan under the permissive aggregation rules?		Yes			No	
	the le		-			-		
	letter		er the	e date	of the m	nost rece	ent determ	ination
18	Were	ed Benefit Plan or Money Purchase Pension Plan Only: any distributions made during the plan year to an employee who attained age 62 and had not separce?		from	Ye	s	No	
19	Was	any plan participant a 5% owner who had attained at least age 70 ½ during the prior plan year?			Ye	s	No	

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	Form 5500-SF		Short Form Annua	IR	eturn/Report	of Small Emplo	yee		OMB	Nos. 1210-0110 1210-0089	
	Internal Revenue Service Department of Labor ployee Benefits Security Adminis Pension Benefit Guaranty Corpor	ation .	 Complete all entries in a 	Act of the second secon	of 1974 (ERISA), and nal Revenue Code (the	section 6057(b) and 60 code).	58(a) of	This Form	is Openspect	en to Public	
	Annual Rep	bl troc	entification Information								
- 01	calendar plan year 2016		and the second se		01/01/2016	and ending		2/31/2016			
	This return/report is for: This return/report is:		a single-employer plan a one-participant plan the first return/report		a multiple-employer a list of participating a foreign plan the final return/repor	olan (not multiemploye: employer information in	r) (Filers 1 accord	checking this b lance with the fo	ox mus rm insl	attach Iructions.)	
		Ľ	an amended return/report			in/report (less than 12	months)			
C	Check box if filing under.		Form 5558 special extension (enter desc	riptic	automatic extension			DFVC progra	ım	э	
ĠÊ.	Basic Plan	Inform	nation enter all requested	Info	mation						
1a	Name of plan		TY PRODUCE, INC 401			FLAN		Three-digit plan number (PN) ►	001		
-							IC	Effective date of 01/01/2004			
2a	Mailing Address (includ City or town, state or pr	e room. ovince.	tructions)	2b	Employer Ident (EIN) 65-10	lificatio					
	INTERNATIONAL SI	PECIAI	*	2c Sponsor's telephone number (305), 599-9302							
	7326 NW 79TH TEE	2d	2d Business code (see Instructions) 424990								
3a	Plan administrator's nar	me and	addrees X Same as Plan Sp	onso	or		3b	Administrator's	FIN		
								3c Administrator's telephone number			
4	name, env, and the plan	of the pl n numbe	an sponsor has changed since or from the last return/report.	the	last return/report filed	for this plan, enter the	4b	EIN			
***	Sponsor's name						4c	PN			
b	Total number of particip	ents at i	the beginning of the plan year	******			. 52			12	
C.	Number of participants	with acc	ount balances as of the end of	the	lan year (only defined	Costribution plane	. 5k	>		9	
	complete this item)		***************************************	******			50	;		9	
	 Total number of active 	e particip	pants at the beginning of the pl	an ye	ar		5d(1)		7	
d () 6	 Total number of active Number of participants t less than 100% vested 	inal term	pants at the end of the plan yes ninated employment during the	plan	year with accrued be	ncfita that were				6	
Ca				_			50	The second se		0	
Un SD	der penalties of periury a	nd other	penalties set forth in the instru- penalties set forth in the instru- signed by an enrolied actuary,	celor.	t I doglara that I have				cable, y know	a Schedule	
	X Z	L	1		12 Gan		•				
	RE Signature of plan	admint			1-P-17	SAURIN WANI					
10,000,000,000		L	strator		Date	Enter name of individu	ial signi	ng as plan admi	nistrato	or	
	Signature of empl	Overine			5-8-17 Date	BAURIN WANI					
Pre	parer's name (including f	firm nam	e, if applicable) and address (i	nclut		Enter name of individu		ng as en'iployer arer's telephone			
SK	ip this question					,	Ski	p this questi	on		
For	Paperwork Reduction	Act Not	ice, see the instructions for l	orm	5500-SE			on A La	at a straight		
				Jin				Fo	nm 55	00-SF (2016) v. 160205	

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	Form 5500-SF 2016									
Ra			Page 2			-				
b	Were all of the plan's assets during the plan year invested in eligible	assete? ((See instructions.)		******			******	X Yes	No
-	Are you claiming a walver of the annual examination and report of a under 29 CFR 2520.104-46? (See instructions on waiver eligibility a	nd condition	dent qualified public acco	ountar	nt (IQF	PA)			XYes	N
	If you answered "No" to either line 6a or line 6b, the plan canno	ot use For	m 5500-SF and must in	nd must instead use Form 5500						No
¢	If the plan is a defined benefit plan, is it covered under the PBGC in	surance p	rogram (see ERISA section	on 40	21)?		TYes.	No	Not de	termined
	Financial Information									
7	Plan Assets and Liabilities	್ರಷ್ಟನಗಳು	(a) Beginning o	f Yos	r	T		(b) End o	Van	
а	Total plan assets	73						(b) End o		
b	Total plan liabilities	710		67,1	.33	+			876,	684
C	Net plan assets (subtract line 7b from line 7a)	70	7	67,1	33	+-			070	
8	Income, Expenses, and Transfers for this Plan Year	2212	(a) Amount		.33	+		(b) To	876,	084
a	Contributions received or receivable from:					1274		(0) 10		
	(1) Employers	8a(1)		9,9		Ne start		<u>.</u>		1.
	(2) Participants	Ba(2)		38,6	65	-				
b	(3) Others (including rollovers) Other income (loss)	8a(3)				12	-		<u></u>	12. 2 m
C	Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8b	7.797 T	76,2	80	1			<u> </u>	9 - FE
d	Benefits paid (including direct rollovers and insurance premiums	8c	the second starting the	1.57		S.	II. Louis and		125,	120
	to provide benefits)	8d		15,5	69			E.E.R.		
e	Certain deemed and/or corrective distributions (see instructions)	8e								
f	Administrative service providers (salarles, fees, commissions)	Bf			0	-				
g	Other expenses	8g			0		Se			
<u>h</u>	Total expenses (add lines 8d, 8e, 8f, and 8g)	Bh	And the second second	5 - E					15,	569
<u>+</u>	Net income (loss) (subtract line 8h from line 8c)	61							1,09,	551
	Transfers to (from) the plan (see instructions)	8j				1.		<u></u>		
	Plan Characteristics									
ya	If the plan provides pension benefits, enter the applicable pension fe	ature code	es from the List of Plan C	harad	teriet	ic Cod	les in th	e instructio	203:	
b	If the plan provides welfare benefits, enter the applicable welfare fea	ture codes	s from the List of Plan Ch	araci	eristic	Code	s in the	instruction	is:	
	Compliance Questions									
10	During the plan year:				Yes	No	- RUA	A	mount	
a	and be readed to that any participant contribut	lons within	the time parlod							
	described in 29 CFR 2510.3-1027 (See instructions and DOL's Vo Program)	luntary Fid	luciary Correction							
b	Program) Were there any nonexempt transactions with any party-in-interest	/Da pot in		10a		x				
	reported on line 10a.)		ciude transactions	105		x				
C	Was the plan covered by a fidelity bond?		***************************************	10c	x		12		c	0,000
d	Did the plan have a loss, whether or not reimbursed by the plan's f	Idelity bon	d, that was caused							0,000
	by fraud or dishonesty?	****		10d		х				
C	Were any fees or commissions paid to any brokers, agents, or oth carrier, insurance service, or other organization that provides some	er persons	by an insurance							
	the plan? (See instructions.)	*******		10e		x				
f	Has the plan failed to provide any benefit when due under the plan	?	****	10f		. 1. 18 A				
g		Contraction of the local division of the loc	and the second se	10g	-	x				·
h		See instruc	tions and 20 CED	10b		x				

i If 10h was answered "Yes," check the box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3

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	Form 5500-SF 2016 Page 3 -								
7 . 12					•				
	Pension Funding Compliance								
11	(Form 5500 and line 11a below)		te Schodu	le SB	Ves	XN	lo		
11:	Enter the unpaid minimum required contributions for all years from Schedule SB (Form 5500) line 4		. 11a	1	<u> </u>				
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the ERISA?	Cado as	section 30	2 01	Yes	ίχι Ν			
					- [
	If a weiver of the minimum funding standard for a prior year. Is being amortized in this plan year, see granting the weiver	Manth		ler the da Jav	te of the lette	er ruling			
<u></u>	rou completed line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to li	ne 13.							
	Enter the minimum required contribution for this plan year								
	and a sentimeted by the employer to the plan for the plan year		12c						
d	Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to negative amount)	reu							
e	Will the minimum funding amount reported on line 12d be met by the funding deadline?	****	nu Г	Yes [N/A			
i ker	Plan Terminations and Transfers of Assets						•		
<u>13a</u>	Hes a resolution to terminate the plan been adopted in any plan year?	••••••••••••••••••••••••••••••••••••••	_	Yes	X No				
	If "Yes," enter the amount of any plan assets that reverted to the employer this year	***	13a						
	Were all the plan assets distributed to participants or beneficiarles, transferred to another plan, or be control of the PBGC?		Yes X No						
C	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s), id which assets or liabilities were transferred. (See instructions.)	lentify the p	plan(s) to						
1	3c(1) Name of plan(s):	13c(2) EIN(s)		13c(3)		<u> </u>		
	Trust Information - Skip These Questions					-			
14a	Name of trust		146	Trust's E	EIN				
140	Name of trustee or custodian		14d	14d Trustee or custodian's telephone number					
	IRS Compliance Questions - Skip These Questions								
15a	is the plan a 401(k) plan? if "No." skip b.	·····	Yes		No				
	How did the plan satisfy the nondiscrimination requirements for employee deferrals under section 401(k)(3) for the plan year? Check all that apply:		Design-b safe hart		"Prior	r year" A	DP		
			"Current ADP test	yəar"	L test				
16a	What testing method was used to satisfy the coverage requirements under section 410(b) for the pla year? Check all that apply:		Ratio		Average		<u> </u>		
	for the plan year by combining this plan with any other plan under the permission aggregation rules?	4) 	percenta Yas		hanafit taat No		N/A		
	If the plan is a master and prototype plan (M&P) or volume submitter plan that received a favorable t the lottor	RS opinion					f		
175	If the plan is an individually-designed plan that received a favorable detarmination letter from the IRS	, enter the	date of the	e most re	cent determi	nation	<u> </u>		
	Centred Centers Fran or Money Furchase Pension Flan Only: Were any distributions made during the plan year to an employee who attained age 62 and had not a service?		rom	🗋 Yeş	No No				
19 .	Was any plan participant a 5% owner who had attained at least age 70 % during the prior plan year?	838997 36166] Yes	No No				