

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortman
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000053540 (7)**

1. Corporation Name

STARBOARD SEAFOODS OF MIAMI INC.



Principal Place of Business

Mailing Address

7101 NW 77TH TERRACE
MEDLEY FL 33166

7101 NW 77TH TERRACE
MEDLEY FL 33166

2. Principal Place of Business

2a. Mailing Address

21 **4240 N.W. 12th St.**
Suite, Apt. #, etc.

26 **4240 N.W. 12th street**
Suite, Apt. #, etc.

22 City & State **Florida**

27 City & State **Lauderhill Lakes Florida**

23 **Lauderhill Lakes**
City

28 **Lauderhill Lakes Florida**
City

24 **33313** 25 **U.S.A.**
Zip Country

29 **33313** 30 **U.S.A.**
Zip Country

9. Name and Address of Current Registered Agent

DE MEDEIROS, MANUEL
7101 NW 77TH TERRACE
MEDLEY FL 33166

3. Date Incorporated or Qualified

07/12/1995

3a. Date of Last Report

4. FEI Number **65-0611076**

Applied For Not Applicable

5. Certificate of Status Desired A

\$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. 193.032, Florida Statutes. Yes No

10. Name and Address of New Registered Agent

81 Name **De Medeiros, Manuel**
82 Street Address (P.O. Box Number is Not Acceptable) **4240 N.W. 12th street**
83 City **Lauderhill Lakes FL** 85 Zip Code **33313**

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 officer 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 **De Medeiros, Manuel** **STO** **Manuel Medeiros** **April 196**
Signature, typed or printed name of registered agent (if applicable) (If not Registered Agent, sign and type name of authorized officer)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	YAN, ALFRED	
STREET ADDRESS	117 CROCKFORD BLVD.	
CITY-ST-ZIP	SCARBOROUGH ONT. M1R 3B9	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	DE MEDEIROS, MANUEL	
STREET ADDRESS	7101 NW 77TH TERRACE	
CITY-ST-ZIP	MEDLEY FL 33166	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-ST-ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-ST-ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-ST-ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. 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)(k), 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: **De Medeiros, Manuel** **Manuel Medeiros** **April 196**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)