


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED

98 OCT 19 AM 9:22

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P95000053540
 1. Corporation Name
Starboard Seafoods of Miami, Inc.

Principal Place of Business Mailing Address

9847 Riverside OR
 Coral Springs, Fl.
 33071

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
July 12 195

4. FEI Number Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional

6. Election Campaign Financing \$5.00 May Be
 Trust Fund Contribution Added to Fees

8. This corporation owes or has paid the current year Intangible
 Personal Property Tax due June 30. Yes No

21	2. Principal Place of Business	2a.	Mailing Address
	Suite, Apt. #, etc.	25	<u>9847 Riverside OR</u>
22	City & State	27	City & State
23	Zip	28	<u>Coral Springs Fl</u>
24	Country	29	Zip
		30	<u>Broward</u>

9. Name and Address of Current Registered Agent

Manuel Medeiros
9847 Riverside OR
Coral Springs, Fl.
33071

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	<u>Vice President & Treasurer</u>	<input type="checkbox"/> DELETE
NAME	<u>Manuel Medeiros</u>	
STREET ADDRESS	<u>9847 Riverside OR</u>	
CITY-ST-ZIP	<u>Coral Springs, Fl 33071</u>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<u>800002674598--6</u>
1.4 CITY-ST-ZIP	<u>-10/28/98--01067--018</u>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<u>****550.00</u>
2.4 CITY-ST-ZIP	<u>****550.00</u>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	<u>B 10/22 98 AR</u>
6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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: Manuel Medeiros Date: Sept 24 198 Daytime Phone #: 954-255-8125

CR2E034 (5/98)