FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000053540

1. Corporation Name

Principal Place of Business

STARBOARD SEAFOODS OF MIAMI INC.

i iiioipa	co or business	Maning Addre	,50					
9847 RIVERSIDE DR 9847 RIVERSIDE DR								
CORAL SPRING	GS FL 33071	CORAL SPRING	GS FL 33071					
US		US				DO NOT WRITE IN TH	IIS SPACE	
<u> </u>						3. Date Incorporated or Qualifed		
						07/12/1995		
	Place of Business	2a. Mailing Ad	Idress			4. FEI Number		Applied For
21	·	26				NOT APPLICABLE		Not Applicable
Suite, Apt.	. #, etc.	Suite, Apt.	Suite, Apt. #, etc.					5 Additional
22		27				5. Certifcate of Status Desired		Required
City & Stat	te	City & Sta	ıte			6. Election Campaign Financing		00 May Be
23		28				Trust Fund Contribution Added to Fees		
Zip	Country	Zip		Country	,			30 10 1 665
24	25					8. This corporation owes the current year	Intangible Yes	Mo
24	9. Name and Address of Cur			_		Personal Property Tax.		EN NO
	9. Name and Address of Cur	Light Kadistalan valen	<u>R</u>	81	Name	10. Name and Address of New Registere	d Agent	
MEC	DEIROS, MANUEL			"	Name			
57094	7 RIVERSIDE DR	Maria		82	Street Add	dress (P.O. Box Number is Not Acceptable)	, v	·
	A THICKNEY DIT	• • • • • • • • • • • • • • • • • • • •						
· CUH	RAL SPRINGS FL 33071			83		文字 (1) 字 (1) (1) (4) (5)		

				84	City	· F	85 Zi	ip Code
44 Pursuant	to the provisions of Sections 607	0502 and 607 1508 FI	avida Ctatutas th	I	- comed cor	rporation submits this statement for the purpose	*f shanging	'intarnd
office or r	registered agent, or both, in the Sta	late of Florida. Such cha	ange was authoriz	ized by 1	the corporat	rporation submits this statement for the purpose tion's board of directors. I hereby accept the app	or changing pointment as	its registered reaistered
S agent. La	am familiar with, and accept the obl	ligations of, Section 60	7.0505, Florida S	statutes			U.I.	l wg
SIGNATURE						•		
	Signature, typed or printed name of registered		(NOTE: Registe	ered Agent	it signature requir	ired when reinstating) DATE		
12.		AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS		
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NAME	MEDEIROS, MANUEL		1.1	2 NAME				
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	CORAL SPRINGS FL 33071				1			
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CITY-ST-ZIP				JSIKEEI	ADDRESS			
TITLE .			2.	.3 STREET				
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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, with all other like empowered. with an address, with all other like empowered.

SIGNATURE:

FILED

Jan 21, 1999 8:00am

Secretary of State

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