

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

FILED
Mar 04 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 1. Corporation Name
Caspian Sea Food, Inc.

P96000055200

Principal Place of Business Mailing Address
9200 Arlington Expwy Jacksonville, FL 3225 *9200 Arlington Expwy Jacksonville, FL 3225*

2. Principal Place of Business	2a. Mailing Address
21 <i>9200 ARLINGTON EXPWAY</i>	26 <i>9200 ARLINGTON EXPWAY</i>
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State <i>Jacksonville, Florida</i>	28 City & State <i>Jacksonville, Florida</i>
24 Zip <i>32225</i>	29 Zip <i>32225</i>
25 Country <i>DUVAL</i>	30 Country <i>DUVAL</i>

3. Date incorporated or Qualified <i>June 28th 1996</i>	3a. Date of Last Report <i>N/A</i>
4. FEI Number <i>59-3390399</i>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <i>Nasser Kadkhodaie 2654 Lansdowne Dr. Jacksonville, FL 32211</i>	10. Name and Address of New Registered Agent 81 Name <i>Nasser Kadkhodaie</i> 82 Street Address (P.O. Box Number is Not Acceptable) <i>2654 Lansdowne Dr</i> 83 84 City <i>Jacksonville</i> FL 85 Zip Code <i>32211</i>
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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 and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: *Nasser Kadkhodaie* 1-16-99 *N. Kadkhodaie* DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME <i>Hoshmand Khakpour</i>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <i>PT</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2. STREET ADDRESS <i>10312 Autumn Valley Rd Jacksonville, FL 32257</i>	<input type="checkbox"/> DELETE	1.2 NAME <i>Nasser KADKHODAI</i>	
3. CITY-STATE-ZIP		1.3 STREET ADDRESS <i>2654 Lansdowne Dr Jacksonville, FL 32211</i>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4. NAME		1.4 CITY-ST-ZIP <i>Crystal R. KADKHODAI</i>	
5. STREET ADDRESS		2.1 TITLE <i>2654 Lansdowne Dr</i>	
6. CITY-STATE-ZIP		2.2 NAME <i>Jacksonville, FL 32211</i>	
7. NAME		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
8. STREET ADDRESS		3.2 NAME	
9. CITY-STATE-ZIP		3.3 STREET ADDRESS	
10. NAME		3.4 CITY-ST-ZIP	
11. STREET ADDRESS		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. CITY-STATE-ZIP		4.2 NAME <i>3-4-97</i>	
13. NAME		4.3 STREET ADDRESS	
14. STREET ADDRESS		4.4 CITY-ST-ZIP	
15. CITY-STATE-ZIP		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16. NAME		5.2 NAME	
17. STREET ADDRESS		5.3 STREET ADDRESS	
18. CITY-STATE-ZIP		5.4 CITY-ST-ZIP	
19. NAME		6.1 TITLE 500002104435	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20. STREET ADDRESS		6.2 NAME -03/05/97--01009--018	
21. CITY-STATE-ZIP		6.3 STREET ADDRESS ***173.75	
22. NAME		6.4 CITY-ST-ZIP	

14. I, the filer, certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: *Nasser Kadkhodaie* 1-16-99 904-721-8898
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)