

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

1995



SECRETARY OF STATE
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **237475**

(9)

95 MAY -1 AM 11:32

NATIONAL FISHERIES, INC.

311 N W SOUTH RIVER DR
POB 011748
MIAMI FL 33101

311 N W SOUTH RIVER DR
POB 011748
MIAMI FL 33101

(DO NOT WRITE IN THIS SPACE)

3. Date of Incorporation (Required)	30. Date of Last Report
06/13/1960	05/01/1994
4. Filing Date	Agreed For
59-0902914	Not Applicable
5. Certificate of Status (Required)	\$8.75 Additional Fee Required
6. Tax for Campaign Financing	\$5.00 May Be Added to Fees
7. Tax for Fund Contribution	
8. This corporation has liability for attachment for creditors (Florida Statutes)	☒ Yes ☐ No

2. Name and Address of Current Registered Agent	2a. Name and Address of New Registered Agent
21. Name and Address of Current Registered Agent	26. Name and Address of New Registered Agent
22. Name and Address of Current Registered Agent	27. Name and Address of New Registered Agent
23. Name and Address of Current Registered Agent	28. Name and Address of New Registered Agent
24. Name and Address of Current Registered Agent	29. Name and Address of New Registered Agent
25. Name and Address of Current Registered Agent	30. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

N
STERN, SIMON
311 NW SOUTH RIVER DR
MIAMI FL 33128

81. Name	82. Street Address (P.O. Box Number or Not Applicable)	83. City	84. State	85. Zip
			FL	

11. I, the undersigned, do hereby certify that the foregoing is a true and correct copy of the original statement of the corporation for the purpose of changing its registered office or registered agent in the State of Florida. I declare under penalty of perjury that the foregoing is true and correct. I declare under penalty of perjury that the foregoing is true and correct. I declare under penalty of perjury that the foregoing is true and correct.

SIGNATURE

12. OFFICERS AND DIRECTORS	13. ADDITIONAL INFORMATION (SEE INSTRUCTIONS)
NAME V GREEN, RICHARD H 311 N W SOUTH RIVER DR MIAMI FL	1. NAME 2. STREET ADDRESS 3. CITY 4. STATE 5. ZIP
NAME P STERN, SIMON 311 N W SOUTH RIVER DR MIAMI FL	6. NAME 7. STREET ADDRESS 8. CITY 9. STATE 10. ZIP
NAME	11. NAME 12. STREET ADDRESS 13. CITY 14. STATE 15. ZIP
NAME	16. NAME 17. STREET ADDRESS 18. CITY 19. STATE 20. ZIP
NAME	21. NAME 22. STREET ADDRESS 23. CITY 24. STATE 25. ZIP
NAME	26. NAME 27. STREET ADDRESS 28. CITY 29. STATE 30. ZIP
NAME	31. NAME 32. STREET ADDRESS 33. CITY 34. STATE 35. ZIP
NAME	36. NAME 37. STREET ADDRESS 38. CITY 39. STATE 40. ZIP
NAME	41. NAME 42. STREET ADDRESS 43. CITY 44. STATE 45. ZIP
NAME	46. NAME 47. STREET ADDRESS 48. CITY 49. STATE 50. ZIP

14. I, the undersigned, do hereby certify that the information submitted with the filing of this statement is true and correct, and that the undersigned is duly qualified to act as the registered agent of the corporation. I declare under penalty of perjury that the foregoing is true and correct. I declare under penalty of perjury that the foregoing is true and correct. I declare under penalty of perjury that the foregoing is true and correct.

SIGNATURE:

Simon Stern
Simon Stern, President

2-8-95

(305)

545-8899