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

PROFIT Mar 31 1998 8:00am ELORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT #** 255338 (6) PAUL BARNETT SEA FOODS, INC. Principal Place of Business Mailing Address 590 N.E. 185TH STREET 590 N.E. 185TH STREET **MIAMI FL 33179** MIAMI FL 33179 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/26/1962 2. Principal Place of Business 28. Mailing Address 28. P. O. GOX 630446 4. FEI Number Applied For 21 26 59-0996975 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be OJUS 23 28 Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation owes or has paid the current year Intangible u <24 25 Personal Property Tax due June 30. 12 Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DADE COUNTY CORPORATE AGENTS, INC. 801 BISCAYNE BLVD. #505 82 Street Address (P.O. Box Number is Not Acceptable) **AVENTURA FL 33180** 83 64 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** Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE Change 1.1 TITLE Addition **BARNETT.PAUL** 1.2 NAME STREET ADDRESS 2375 N.E. 199 STREET 1.3 STREET ADDRESS **NORTH MIAMI BEAC FL 33180** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE D۷ 2.1 TITLE Change Addition NAME **Breslow**, Lynn B STREET ADDRESS 20225 N.E. 34TH CT., #217 2.3 STREET ADDRESS **AVENTURA FL** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE TITLE DST 3.1 TITLE Change Addition NAME **BARNETT, GLORIA** 3.2 NAME 2375 N.E. 199TH ST. STREET ADDRESS 3.3 STREET ADDRESS N. MIAMI BCH. FL 33180 CITY-ST-ZIP dity-st-zip DELETE TITLE Change 4.1 Addition NAME BARNETT, DAVID C ME STREET ADDRESS 20225 N.E. 34TH CT. EET ADDRESS **AVENTURA FL 33180** CITY-ST-ZIP /-ST-ZIP DELETE TITLE 5.1 Change ■ Addition NAME 5.2 STREET ADDRESS 5.3 EET ADDRESS CITY-ST-ZIP Y-\$T-ZIP DELETE TITLE 6.1 Addition NAME 6.2 STREET ADDRESS REET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP 14. Thereby 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, 05 on an attachment with an address.

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