SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.) **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 **DOCUMENT #** (9)PESCADERIA MAR DEL SUR, INC. Mailing Address Principal Place of Business 1366 E. 4TH AVE. 1366 E. 4TH AVE. HIALEAH FL 33010 HIALEAH FL 33010 3a. Date of Last Report 3. Date Incorporated or Qualified 03/23/1976 03/02/1995 Applied For 4 FEI Number Mailing Address incipal Place of Business 2a. 59-1659363 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State \$5.00 May Be City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 intangible tax under s. 199 032 Country 2_{ip} a. This corporation has liability (Country Zιρ Yes No Florida Statutes 29 30 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name ROMERO, LEONEL 82 Street Address (PO. Box Number is Not Acceptable) 539 E. 14TH ST. HIALEAH FL 33101 83 84 City 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE (NOTE: Roy stered Agent's gnature required when reinstating) Signature, typed or printed name of registered agent and little if applic able ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/E)OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE 1.1 TITLE TITLE **PSTD** 1.2 NAME CR2E034 ROMERO, LEONEL NAME 539 E. 14TH ST. 1.3 STREET ADDRESS STREET ADDRESS HIALEAH FL 1.4 CITY - ST - ZIP CITY - ST- ZIP Change Addition DELETE 21 TITLE TETLE ROMERO, ANA M. 2.2 NAME NAME 2.3 STREET ADDRESS 539 E. 14TH ST. STREET ADDRESS HIALEAH FL 2 4 CITY - ST - ZIP CITY - ST - ZIP Change Addition DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 3.4 CITY - ST - ZIP CITY-ST-ZIP Change DELETE 41 TIFLE TITLE 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 City ST-ZiP CITY-ST-ZIP Change Addition DELETE 5 1 TITLE TITLE NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CHY-ST-7/P CHTY-ST-ZIP Change Addition DELETE 6 1 1 ITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY - ST - ZIP

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shed and does not qualify for the exemption stated in Section 119 07(3)(k), Florida Statutes. I hal annual report is true and accurate and that my signature shall have the same legal effect as if ver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes, and

I do nereby certify that the information supplied with this filing is voluntarily furrifurther certify that the information indicated in this annual report or supplementation under oath, that I am an officer or director of the corporation or the recent that my name appears in Block 12 if Block 13 if changed of the entire of the corporation of the recent that my name appears in Block 12 if Block 13 if changed of the entire of the corporation of th

CITY-ST-ZIP

SIGNATURE!

14. I do hereby certify that the information