

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 JUL 21 AM 9:15

DOCUMENT # 573212 (8)  
1. Corporation Name  
ATLANTIC FISH SEAFOOD CORP.



Principal Place of Business Mailing Address  
972 EAST 30TH STREET 972 EAST 30TH STREET  
HIALEAH FL 33013-3427 HIALEAH FL 33013-3427

DO NOT WRITE IN THIS SPACE

|   |  |                     |  |  |  |                              |  |
|---|--|---------------------|--|--|--|------------------------------|--|
| 2. Principal Place of Business                  |  | 2a. Mailing Address |  | 3. Date Incorporated or Qualified                      |  | 3a. Date of Last Report      |  |
| 21  |  | 2a                  |  | 05/23/1978   |  | 01/23/1996                   |  |
| Suite, Apt. #, etc.                             |  | Suite, Apt. #, etc. |  | 4. FEI Number  |  | Applied For                  |  |
| 22  |  | 27                  |  | 59-1876961   |  | Not Applicable               |  |
| City & State                                    |  | City & State        |  | 5. Certificate of Status Desired                       |  | 8.75 Additional Fee Required |  |
| 23  |  | 28                  |  | 6. Election Campaign Financing Trust Fund Contribution |  | 5.00 May Be Added to Fees    |  |
| Zip   |  | Country             |  | Zip  |  | Country                      |  |
| 24  |  | 25                  |  | 29   |  | 30                           |  |
| 9. Name and Address of Current Registered Agent |  |                     |  | 10. Name and Address of New Registered Agent           |  |                              |  |

PAREDERO, CLEMENTE C  
972 E 30TH ST  
HIALEAH FL 33013

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City FL 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. 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)

DATE

| 12. OFFICERS AND DIRECTORS |                       | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|-----------------------|---|--|
| TITLE                      | PD                    | 1.1 TITLE   |  |
| NAME                       | PAREDERO, CLEMENTE C. | 1.2 NAME  |  |
| STREET ADDRESS             | 972 E. 30TH STREET    | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | HIALEAH FL            | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      | ST                    | 2.1 TITLE   |  |
| NAME                       | PAREDERO, AGUSTINA    | 2.2 NAME  |  |
| STREET ADDRESS             | 972 E. 30TH STREET    | 2.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | HIALEAH FL            | 2.4 CITY-ST-ZIP                                       |  |
| TITLE                      | VD                    | 3.1 TITLE   |  |
| NAME                       | PAREDERO, AGUSTINA    | 3.2 NAME  |  |
| STREET ADDRESS             | 972 E. 30TH STREET    | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | HIALEAH FL            | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                       | 4.1 TITLE   |  |
| NAME                       |                       | 4.2 NAME  |  |
| STREET ADDRESS             |                       | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                       | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                       | 5.1 TITLE   |  |
| NAME                       |                       | 5.2 NAME  |  |
| STREET ADDRESS             |                       | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                       | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                       | 6.1 TITLE   |  |
| NAME                       |                       | 6.2 NAME  |  |
| STREET ADDRESS             |                       | 6.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                       | 6.4 CITY-ST-ZIP                                       |  |

14. I do 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.

CR2E034 (4/97)