

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 8:49

DOCUMENT # **595687** (5)

1. Corporation Name
CARLOS SEAFOOD, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business 4041 NW 28TH ST. MIAMI FL 33142	Mailing Address 4041 NW 28TH ST. MIAMI FL 33142
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

3. Date Incorporated or Qualified 11/29/1978	3a. Date of Last Report 05/11/1994
4. FEI Number 59-1863558	Applied For Not Applicable
5. Certificate of Status Desired <input 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 C. 100.000, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

8. Name and Address of Current Registered Agent

**BERDEAL, LILIAN
4041 NW 28 ST
MIAMI FL 33142**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	1. NAME	2. STREET ADDRESS	3. CITY - ST - ZIP
	PD BERDEAL, CARLOS	1300 MARATHON HIGHWAY	MARATHON FL
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		3800 SW 130 AVENUE	MIAMI FL 33175	
2. TITLE	3. NAME	4. STREET ADDRESS	5. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. TITLE	4. NAME	5. STREET ADDRESS	6. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. TITLE	5. NAME	6. STREET ADDRESS	7. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. TITLE	6. NAME	7. STREET ADDRESS	8. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. TITLE	7. NAME	8. STREET ADDRESS	9. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 my attachment with an addition.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR