

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

(1)

**APPROVED
AND
FILED**

1995 JAN 27 PM 12:30

STATE
FLORIDA

DOCUMENT # F08445 (1)

1. Corporation Name

BRICE INTERNATIONAL SEAFOODS, INC.

Principal Place of Business

2600 S HIATUS RD
PO BOX 290895
DAVIE FL 33330

Mailing Address

2600 S HIATUS RD
PO BOX 290895
DAVIE FL 33330

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/09/1980

3a. Date of Last Report

02/04/1994

4. FEI Number

59-2061769

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

City & State

Zip

Country

2a. Mailing Address

25

Suite, Apt. #, etc.

City & State

Zip

Country

9. Name and Address of Current Registered Agent

**BROWN, LUKES
2101 N. ANDREWS AVE.
WILTON MANORS FL 33311**

10. Name and Address of New Registered Agent

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 resigning)

DATE

12. OFFICERS AND DIRECTORS

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

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☒ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ 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)(k), 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. I am an officer or director of the corporation or the receiver or liquidator 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 addendum.

SIGNATURE:

James L. Brice
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES L. BRICE

1/24/95

305-475-1666

Import - Export
Local - National

2
Salt & Fresh Water
Northern & Southern

BRICE INTERNATIONAL SEAFOODS INC.

"Wholesale Products of Quality Since 1980"

Phone:
305-475-1666
FAX
305-475-8283

P.O. Box 290895
Davie, FL. 33329

1/24/95

Division of Corporations

We wish to include one additional
office in our corporation.

JAMES L. BRICE JR.
2600 S. HIATUS Rd.
DAVIE FL. 33330

His title will be = VICE PRESIDENT
& MANAGING DIRECTOR

PLEASE SEND US AN "CERTIFICATE OF STATUS"
ADDITIONAL FEE IS INCLUDED IN CHECK

James Brice