

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # F56328 (0)

1. Corporation Name

ABU FISHERIES, INC.



Principal Place of Business

Mailing Address

% FRANCISCO P BASTIDA  
764 NE 111 STREET (PO BOX 611863)  
MIAMI FL 33161

% FRANCISCO P BASTIDA  
764 NE 111 STREET (PO BOX 611863)  
MIAMI FL 33161

3. Date Incorporated or Qualified

11/30/1981

3a. Date of Last Report

01/17/1995

2. Principal Place of Business

2a. Mailing Address

21 11905 SW 67 AVE  
Suite, Apt. #, etc.

26 11905 SW 67 AVE  
Suite, Apt. #, etc.

4. FEI Number

59-2246515

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

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

23 City & State  
Miami FL

28 City & State  
Miami FL

24 Zip Country  
33156 DADE

29 Zip Country  
33156 DADE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BASTIDA, FRANCISCO P.  
764 NE 111 STREET  
MIAMI FL 33161

11905 SW 67 AVE  
Miami FL 33156

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 ☐ DELETE

1.1 TITLE ☐ Change ☐ Addition

NAME BASTIDA, FRANCISCO P.

1.2 NAME

STREET ADDRESS 764 NE 111 STREET

1.3 STREET ADDRESS

CITY-ST-ZIP MIAMI FL

1.4 CITY-ST-ZIP

TITLE ☐ DELETE

2.1 TITLE ☐ Change ☐ Addition

NAME BASTIDA, MARGARET W.

2.2 NAME

STREET ADDRESS 764 NE 111 STREET

2.3 STREET ADDRESS

CITY-ST-ZIP MIAMI FL

2.4 CITY-ST-ZIP

TITLE ☐ DELETE

3.1 TITLE ☐ Change ☐ Addition

NAME BASTIDA, CARMEN V.

3.2 NAME

STREET ADDRESS 764 NE 111 STREET

3.3 STREET ADDRESS

CITY-ST-ZIP MIAMI FL

3.4 CITY-ST-ZIP

TITLE ☐ DELETE

4.1 TITLE ☐ Change ☐ Addition

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY-ST-ZIP

4.4 CITY-ST-ZIP

TITLE ☐ DELETE

5.1 TITLE ☐ Change ☐ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-ST-ZIP

5.4 CITY-ST-ZIP

TITLE ☐ DELETE

6.1 TITLE ☐ Change ☐ Addition

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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; 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRANCISCO P. BASTIDA

Date

Daytime Phone #

1/16/96 305 666-2223

CR2E034 (12/95)