## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 

1997

Zip



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 16 1997 8:00am

Secretary of State

6. Election Campaign Financing Trust Fund Contribution

This corporation has liability for intangible tax under s. 199.032,

\$5.00 May Be

## Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # F58671

(1)

INTERNATIONAL FISHERIES, INC.

Country

Principal Place of Business	Mailing Address	:		NINH OHUIL OUDIT	
8290 WEST 77TH STREET HALEAH FL 33016	2290 WEST 77TH STREET HIALEAH FL 33016-1868				
			3. Date Incorporated or Qualified 12/16/1981	3a. Date 02/06/	of Last Report /1996
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	<u> </u>	Applied For
21	26		59-2142690		Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required
City & State	City & State		8 Election Campaign Financing		\$5.00 May Da

Yes No Florida Statutes 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent HYMAN, MICHAEL L **B1** 19 WEST FLAGLER STREET, STE 416 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33130** 83 84 City

Country

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 talle if applicable (NOTE RE  12. OFFICERS AND DIRECTORS			agis ared Agent signature required when reinstating)  DATE  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	PD OF FIGURE AND DIRECT	DELETE	11 11111	Change Addition				
NAME	SCHWARTZ, ADOLF I.B.	( better	1/2 NAME	C ondition				
STREET ADDRESS	1966 N.E. 201ST STREET		<b>■</b> !					
	N. MIAMI BEACH FL		1,3 STREET ADDRESS					
CITY-\$T-ZIP TITLE	SID	DELETE	1 4 CITY-ST-ZIP	Change Addition				
	SCHWARTZ, VIRGINIA	L. DELETE	2 1 TITLE	Change Addition				
NAME			2 NAME					
STREET ADDRESS	1966 N.E. 201ST STREET		2,3 STREE1 ADDRESS					
CITY-ST-ZIP	N. MIAMI BEACH FL	The state	2 4 CITY - ST - ZIP					
TITLE	VO	☐ DELETE	3 1 TITLE	Change Addition				
NAME	GREENBAUM, PHILLIP	•	3,2 NAME					
STREET ADDRESS	1131 SCARLET OAK ST		3.3 STREET ADDRESS					
CITY-ST-ZIP	HOLLYWOOD FL		3,4. CI1Y - ST - ZIP	<del>-</del>				
TITLE		DELETE	4.1 TITLE	Change Addition				
NAME			4, 2 NAME					
STREET ADDRESS			4,3 STREET ADDRESS					
CITY-\$1-ZIP			4.4 CITY-ST-7IP					
TITLE		DELETE	5.1 1)TLF	Change Addition				
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET ADDRESS					
CITY-\$1-ZIP			5.4 CITY-ST-ZIP					
TITLE		☐ DELETE	6.1 THLE	Change Addition				
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET ADDRESS					
			■ 1					

plied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the for supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that he or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name d, or on an attachment with an address. 14. I do hereby certify that the information information indicated on this annual re I am an officer or chector of the corporation in Block /12 or Mock 13 if that