

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

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JUN -1 AM 11:00

**DOCUMENT # F87871 (2)**

1. Corporation Name  
**MACHALA SEA PRODUCTS, INC.**

Principal Place of Business      Mailing Address  
**6850 CORAL WAY      6850 CORAL WAY**  
**STE. 504                      STE. 504**  
**MIAMI FL 33155              MIAMI FL 33155**  
**US                                      US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified      3a. Date of Last Report  
**06/25/1982                                      05/01/1994**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
<b>21</b>	<b>26</b>	<b>59-2198791</b>	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Suite, Apt # etc	Suite, Apt #, etc	5. Certificate of Status Desired	<input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
<b>22</b>	<b>27</b>	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
City & State	City & State	8. This corporation has liability for intangible tax under S. 199 USZ, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
<b>23</b>	<b>28</b>		
Zip	Country		
<b>24</b>	<b>25</b>		
Country	<b>29</b>		
<b>30</b>			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>GARAYCOA, PEDRO PABLO</b> <b>5305 SW 149TH PLACE</b> <b>MIAMI FL 33185</b>		81. Name	
		82. Street Address (P O Box Number is Not Acceptable)	
		83.	
		84. City	<b>FL</b> 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) \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PO</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GARAYCOA, CHRISTIAN</b>	1.2 NAME	
STREET ADDRESS	<b>5305 SW 149TH PLACE</b>	1.3 STREET ADDRESS	
CITY, ST, ZIP	<b>MIAMI FL</b>	1.4 CITY, ST, ZIP	
TITLE	<b>VC</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GARAYCOA, PEDRO PABLO</b>	2.2 NAME	
STREET ADDRESS	<b>5305 SW 149TH PLACE</b>	2.3 STREET ADDRESS	
CITY, ST, ZIP	<b>MIAMI FL</b>	2.4 CITY, ST, ZIP	
TITLE	<b>SM</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GARYCOA, ROSSANA</b>	3.2 NAME	
STREET ADDRESS	<b>5305 SW 149TH PLACE</b>	3.3 STREET ADDRESS	
CITY, ST, ZIP	<b>MIAMI FL</b>	3.4 CITY, ST, ZIP	
TITLE	<b>T</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GARAYCOA, ALFREDO</b>	4.2 NAME	
STREET ADDRESS	<b>5305 SW 149TH PLACE</b>	4.3 STREET ADDRESS	
CITY, ST, ZIP	<b>MIAMI FL</b>	4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 an attachment with an address.

SIGNATURE: *Rossana Garaycoa Rossana Garaycoa*      4/26/95      (305) 227-2085  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      (Type or Print)