

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

**APPROVED
AND
FILED**

95 FEB 28 PM 3:46

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F93000001842 (4)

1. Corporation Name

ACME SMOKED FISH CORP.

Principal Place of Business

Mailing Address

30 GEM ST.
BROOKLYN NY 11222

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BROOKLYN NY 11222

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/15/1993

3a. Date of Last Report

03/04/1994

4. FEI Number

11-1773080

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

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RUBIN, LEE
1005 N. 46TH AVE.
HOLLYWOOD HILLS FL 33021

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 PD
NAME CASLOW, ERIC
STREET ADDRESS 62 BARKERS POINT RD.
CITY - ST - ZIP SANDS POINT NY 11050

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE VCVD
NAME CASLOW, ROBERT
STREET ADDRESS OLD HOUSE LANE
CITY - ST - ZIP SANDS POINT NY 11050

2.1 TITLE V/T/D/C Change Addition
2.2 NAME Caslow, Robert
2.3 STREET ADDRESS Old House Lane
2.4 CITY - ST - ZIP Port Washington, NY 11050

TITLE SD
NAME BROWNSTEN, MARC
STREET ADDRESS 270-28F GRAND CENTRAL PKWY.
CITY - ST - ZIP FLORAL PARK NY 11005

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

TITLE CDT
NAME BROWNSTEN, JOSEPH
STREET ADDRESS 272 HUNGRY HARBOR RD.
CITY - ST - ZIP VALLEY STREAM NY

4.1 TITLE Change Addition
4.2 NAME Delete
4.3 STREET ADDRESS Brownstein, Joseph
4.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
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 person or persons 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: ✓

Eric Caslow
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/95
Date

718-484-5135
Telephone #