FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 AM 10: 15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F94000001072 (7)

1. Corporation Name
SEASPECIALTIES, INC.

Principal Place of Business	Mailing Address
1111 N.W. 159TH DR. MIAMI FL 33169	1111 N.W. 159TH DR. MIAMI FL 33169

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/03/1994
3a. Date of Last Report:

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: APPLIED FOR 65-0460396 ☐ 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

9. Name and Address of Current Registered Agent

OXENBERG, HARVEY
1111 NW 159TH DR.
MIAMI FL 33169

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 reinstating) (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VDC	11 TITLE		☒ Change ☐ Addition
NAME	OXENBERG, BERNARD	12 NAME		
STREET ADDRESS	1111 NW 159TH DR.	13 STREET ADDRESS	Delete	
CITY-ST-ZIP	MIAMI FL 33169	14 CITY-ST-ZIP		
TITLE	PD	21 TITLE		☐ Change ☐ Addition
NAME	OXENBERG, HARVEY	22 NAME		
STREET ADDRESS	111 NW 159TH DR.	23 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33169	24 CITY-ST-ZIP		
TITLE	TD	31 TITLE		☒ Change ☐ Addition
NAME	OXENBERG, JEROME	32 NAME		
STREET ADDRESS	111 NW 159TH DR.	33 STREET ADDRESS	Delete	
CITY-ST-ZIP	MIAMI FL 33169	34 CITY-ST-ZIP		
TITLE		41 TITLE	D	☐ Change ☒ Addition
NAME		42 NAME	Oxenbers, Linda	
STREET ADDRESS		43 STREET ADDRESS	1111 N. W 159 Drive	
CITY-ST-ZIP		44 CITY-ST-ZIP	Miami, Fl 33169	
TITLE		51 TITLE	D	☐ Change ☒ Addition
NAME		52 NAME	Oxenbers, Lawrence a	
STREET ADDRESS		53 STREET ADDRESS	1111 N W 159 Drive	
CITY-ST-ZIP		54 CITY-ST-ZIP	Miami Fl 33169	
TITLE		61 TITLE	S	☐ Change ☒ Addition
NAME		62 NAME	BAYER, JACK	
STREET ADDRESS		63 STREET ADDRESS	1111 N. W. 159 Drive	
CITY-ST-ZIP		64 CITY-ST-ZIP	Miami, Fl. 33169	

REMITTED TODAY

14. I do hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), 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] 4/26/95 (305) 625-5112
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) (Date) (Daytime Phone #)
JACK BAYER

0194387 CP