


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED
Sep 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F96000001798 (5) 1. Corporation Name CLEARWATER FINE FOODS (USA) INC.			
Principal Place of Business C/O THE CORPORATION TRUST COMPANY 1209 ORANGE STREET WILMINGTON DE 19801		Mailing Address C/O THE CORPORATION TRUST COMPANY 1209 ORANGE STREET WILMINGTON DE 19801	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 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	1.1 TITLE	DIRECTOR
NAME	RISLEY, JOHN	1.2 NAME	
STREET ADDRESS	1462 THORNTALE AVENUE	1.3 STREET ADDRESS	
CITY- ST- ZIP	HALIFAX, NOVA SCOTIA	1.4 CITY- ST- ZIP	
TITLE	V	2.1 TITLE	DIRECTOR
NAME	MAGNUS, J M	2.2 NAME	FRANKS, MARY
STREET ADDRESS	80 SNOWY OWL DRIVE	2.3 STREET ADDRESS	29 MOONLIGHT DRIVE
CITY- ST- ZIP	BEDFORD, NOVA SCOTIA	2.4 CITY- ST- ZIP	NEWMARKET, NEW HAMPSHIRE, USA 03857
TITLE	S	3.1 TITLE	
NAME	ARSENAULT, GREG M	3.2 NAME	
STREET ADDRESS	8069 BELMONT ROAD	3.3 STREET ADDRESS	
CITY- ST- ZIP	HALIFAX, NOVA SCOTIA	3.4 CITY- ST- ZIP	
TITLE	D	4.1 TITLE	CHAIRMAN OF THE BOARD
NAME	MACDONALD, COLIN	4.2 NAME	DELANEY, TERRY
STREET ADDRESS	6503 JUBILEE ROAD	4.3 STREET ADDRESS	1859 REFUGIO ROAD
CITY- ST- ZIP	HALIFAX, NOVA SCOTIA	4.4 CITY- ST- ZIP	SANTA YNEZ, CA USA 93460
TITLE	T	5.1 TITLE	
NAME	HAWKINS, JAMES A	5.2 NAME	
STREET ADDRESS	2 ST. MARGRETS BAY ROAD	5.3 STREET ADDRESS	
CITY- ST- ZIP	HALIFAX, NOVA SCOTIA	5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	
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 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: _____

CP2E034 (4/97)