

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

FILED

Feb 18 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F96000005949 (0)**

1. Corporation Name

**OCEAN FRESH SEA FOOD OF MIAMI, INC.**



Principal Place of Business <b>473 EAST WASHINGTON STREET NORTH ATTLEBORO MA 02780</b>	Mailing Address <b>473 EAST WASHINGTON STREET NORTH ATTLEBORO MA 02780-2310</b>
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2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>		3. Date Incorporated or Qualified <b>11/14/1996</b>		3a. Date of Last Report	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>		4. FEI Number <b>04-2574366</b>		Applied For Not Applicable	
City & State <b>23</b>		City & State <b>28</b>		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
Zip <b>24</b>		Country <b>25</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Zip <b>29</b>		Country <b>30</b>		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324</b>				10. Name and Address of New Registered Agent			
				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

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	PC	<input type="checkbox"/> DELETE		1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>BROWN, ALAN C</b>			1.2 NAME	<b>BROWN, ALAN C.</b>		
STREET ADDRESS	<b>473 EAST WASHINGTON STREET</b>			1.3 STREET ADDRESS	<b>473 EAST WASHINGTON STREET</b>		
CITY - ST - ZIP	<b>NORTH ATTLEBORO MA 02780</b>			1.4 CITY - ST - ZIP	<b>NORTH ATTLEBORO, MA 02760</b>		
TITLE	V	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>ARRUDA, WILLIAM</b>			2.2 NAME			
STREET ADDRESS	<b>473 EAST WASHINGTON STREET</b>			2.3 STREET ADDRESS			
CITY - ST - ZIP	<b>NORTH ATTLEBORO MA 02780</b>			2.4 CITY - ST - ZIP			
TITLE	V	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HALL, BRUCE</b>			3.2 NAME			
STREET ADDRESS	<b>473 EAST WASHINGTON STREET</b>			3.3 STREET ADDRESS			
CITY - ST - ZIP	<b>NORTH ATTLEBORO MA 02780</b>			3.4 CITY - ST - ZIP			
TITLE	TD	<input type="checkbox"/> DELETE		4.1 TITLE	TC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>COUTU, ROBERT G</b>			4.2 NAME	<b>COUTU, ROBERT G.</b>		
STREET ADDRESS	<b>473 EAST WASHINGTON STREET</b>			4.3 STREET ADDRESS	<b>16400 COLLINS AVENUE,</b>	<b>UNIT 1841</b>	
CITY - ST - ZIP	<b>NORTH ATTLEBORO MA 02780</b>			4.4 CITY - ST - ZIP	<b>MIAMI BEACH, FL 33160</b>		
TITLE		<input type="checkbox"/> DELETE		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		<input type="checkbox"/> DELETE		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 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, unchanged, or on an attachment with an address.

SIGNATURE: *[Signature]* 2/15/97 508-695-7087

CR2E034 (9/96)