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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # J05517

1. Corporation Name

EMPIRE SEAFOOD, INC.

## FILED Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90009 036 \*\*\*150.00



Principal Place of Business Mailing Address								1 1001	I DO ODIE BOLDE DENDE I	riidi kidii					
7850 NW SOUT	TH RIVER DR	7850 N	7850 NW SOUTH RIVER DR												
MEDLEY FL 33			MEDLEY FL 33166					DO NOT IMPLIE IN THIS SPACE							
us us								DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed							7
[							l	03/24/1		ailleu					ĺ
2. Drive sin at D	t Punings	25 M	alling Address					4. FEI Numb					: Appl	lied-For-	
<b>⊢</b> '	lace of Business	<b>⊢</b>	2a. Mailing Address					59-2658	The same of the same of the same of	ناحة تسبسان				Applicable	1
Suite, Apt.	# etc	<del></del>	Suite, Apt. #, etc.									\$8.7		Iditional	1
22	<i>a</i> , 610.	27						5. Certifcate	of Status Desir	ed			e Req		{
City & Stat	e		City & State					6. Election C	ampaign Finan	cing		\$5.	<b>00</b> M	lay Be	1
23		28							Contribution				ted to		]
Zip	Country	Zij	Zip Country					8. This corpo	ration owes the	e curren	t year Inta	ngible			
24	25	29	29 30				j		Property Tax.			Yes		□No	]
	9. Name and Address of Current	t Register	ed Agent					10. Name and	d Address of t	lew Re	gistered A	Agent		24.4.37	-
TOD	IDEC NILDA	£1.	i anti atti v		81	Name									]
10K	RES, NILDA D NW SOUTH RIVER DR	] <sup>3</sup> ], <sub>[14]</sub>	ind that		82		Addres	s (P.O. Box Nu	ımber is Not Ad	ceptabl	e)				1
	DLEY FL 33166	,	1466 989419						_						ļ
WEL	JLET FL 33 100				83										
-	• •				84	City					F1	85	Zip Co	ode	1
					$oxed{igspace}$	<u> </u>		- 1 9 u			<u> </u>	<u> </u>	- ito s	naiotavad	4
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State of	of Florida.	Such change was a	authorize	d by i	the corpo	corpori oration	ation submits ti 's board of dire	ctors. I hereby	accept i	the appoir	itment a	ıs regi	istered	
agent. I a	im familiar with, and accept the obligati	tions of, Se	ection 607.0505, Flo	orida Stat	lutes.										1
SIGNATURE															1
								A			DATE				١.
12	Signature, typed or printed name of registered agent		<u> </u>			t signature r	required w	then reinstating)	S/CHANGES T	O OFFI	DATE CERS AN	D DIRE	CTOR	RS IN 12	ĺ
12.	OFFICERS AND		<u> </u>	13.		t signature r	required w		S/CHANGES T	O OFFI		D DIRE		RS IN 12	190
TITLE	OFFICERS AND		ORS	13.		t signature r	required w		S/CHANGES T	O OFFI					74 (44,00)
TITLE NAME	OFFICERS AND PSD TORRES, NILDA A.	D DIRECT	ORS	13. 1.1 Ti 1.2 N	ITLE MME	t signature r	required w		S/CHANGES T	O OFFI					5037 (44,00)
TITLE NAME STREET ADDRESS	OFFICERS AND PSD TORRES, NILDA A. 7850 NW. SOUTH RIVER DR	D DIRECT	ORS	13. 1.1 Ti 1.2 N	ITLE MME	ADDRESS	required w		S/CHANGES T	O OFFI					005034 (44/00)
TITLE NAME	OFFICERS AND PSD TORRES, NILDA A.	D DIRECT	ORS	13. 1.1 Ti 1.2 N	ITLE IAME ITREET	ADDRESS	required w		5/CHANGES T	O OFFI			nge		CD2E024 (11/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND PSD TORRES, NILDA A. 7850 NW. SOUTH RIVER DR	D DIRECT	ORS DELETE	13. 1.1 Ti 1.2 N 1.3 S 1.4 C 2.1 T	ITLE IAME ITREET	ADDRESS	required w		S/CHANGES T	O OFFI		Cha	nge	Addition	CD2E034 (41/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AND PSD TORRES, NILDA A. 7850 NW. SOUTH RIVER DR	D DIRECT	ORS DELETE	13. 1.1 Ti 1.2 N 1.3 S 1.4 C 2.1 T 2.2 N	ITLE ITREET ITLE ITLE IAME	ADDRESS	required w		S/CHANGES T	O OFFI		Cha	nge	Addition	CD2E024 (44/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AND PSD TORRES, NILDA A. 7850 NW. SOUTH RIVER DR	D DIRECT	ORS DELETE	13. 1.1 Ti 1.2 N 1.3 S 1.4 C 2.1 T 2.2 N 2.3 S	ITLE ITREET ITLE ITLE IAME	ADDRESS - ZIP ADDRESS	required w		S/CHANGES T	O OFFI		Cha	nge	Addition	CB2E094 (41/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AND PSD TORRES, NILDA A. 7850 NW. SOUTH RIVER DR	D DIRECT	ORS DELETE	13. 1.1 Ti 1.2 N 1.3 S 1.4 C 2.1 T 2.2 N 2.3 S	ITLE ITREET ITLE ITREET ITLE ITREET ITREET	ADDRESS - ZIP ADDRESS	required w		S/CHANGES T	O OFFI		Cha	nge	Addition	CD2E034 (11/00)
TITLE NAME STREET ADDRESS CITY- ST-ZIP TITLE NAME STREET ADDRESS CITY- ST-ZIP	OFFICERS AND PSD TORRES, NILDA A. 7850 NW. SOUTH RIVER DR	D DIRECT	ORS DELETE	13. 1.1 Ti 1.2 N 1.3 S 1.4 C 2.1 T 2.2 N 2.3 S 2.4 C 3.1 T	ITLE ITREET ITLE ITREET ITLE ITREET ITREET	ADDRESS - ZIP ADDRESS	required w		-	O OFFI		☐ Cha	nge	Addition	CD2E024 (41/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PSD TORRES, NILDA A. 7850 NW. SOUTH RIVER DR MEDLEY FL 33166	D DIRECT	ORS DELETE	13. 1.1 T 1.2 N 1.3 S 1.4 C 2.1 T 2.2 N 2.3 S 2.4 C 3.1 T 3.2 N	TILE TREET TITLE TREET TITLE TREET TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE TITLE	ADDRESS - ZIP ADDRESS	required w		-	O OFFI		☐ Cha	nge	Addition	CD2E034 (41(00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PSD TORRES, NILDA A. 7850 NW. SOUTH RIVER DR MEDLEY FL 33166	D DIRECT	ORS  DELETE  DELETE	13. 1.1 T 12N 1.2 N 1.3 S 1.4 C 2.1 T 2.2 N 2.3 S 2.4 ( 3.1 T 3.2 N 3.3 S 3.4 (	AME AME TREET TITLE AME TREET TITLE AME TITLE TI	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS	required w		-	O OFFI		☐ Cha	nge nge	Addition	CD2E034 (44/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PSD TORRES, NILDA A. 7850 NW. SOUTH RIVER DR MEDLEY FL 33166	D DIRECT	ORS DELETE	13. 1.1 T 1.2 N 1.3 S 1.4 C 2.1 T 2.2 N 2.3 S 2.4 ( 3.1 T 3.2 N 3.3 S	AME AME TREET TITLE AME TREET TITLE AME TITLE TI	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS	required w		-	O OFFI		☐ Cha	nge nge	Addition	CD2E034 (44,00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP	PSD TORRES, NILDA A. 7850 NW. SOUTH RIVER DR MEDLEY FL 33166	D DIRECT	ORS  DELETE  DELETE	13. 1.1 T 12N 1.2 N 1.3 S 1.4 C 2.1 T 2.2 N 2.3 S 2.4 ( 3.1 T 3.2 N 3.3 S 3.4 ( 4.1 T	AME AME TREET TITLE AME TREET TITLE AME TITLE TI	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS	required w		-	O OFFI		☐ Cha	nge nge	Addition	CD2E034 (44,00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PSD TORRES, NILDA A. 7850 NW.SOUTH.RIVER DR MEDLEY FL 33166	D DIRECT	ORS  DELETE  DELETE	13. 1.1 Ti 1.2 Ni 1.3 Si 1.4 Ci 2.1 Ti 2.2 Ni 2.3 Si 2.4 (ii 3.1 Ti 3.2 Ni 3.3 Si 3.4 (ii 4.2 Ii	AME TITLE	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS	required w		-	O OFFI		☐ Cha	nge nge	Addition	V002C034 (44,00)
TITLE NAME STREET ADDRESS CITY- ST- ZIP TITLE NAME	PSD TORRES, NILDA A. 7850 NW.SOUTH.RIVER DR MEDLEY FL 33166	D DIRECT	ORS  DELETE  DELETE  DELETE	13. 1.1 Ti 1.2 N 1.3 S 1.4 C 2.1 T 2.2 N 2.3 S 2.4 C 3.1 T 3.2 N 3.3 S 3.4 C 4.1 T 4.2 I 4.3 S	AME TITLE	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS	required w		-	O OFFI		☐ Cha	nge	Addition Addition Addition	CD2E024 (44/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PSD TORRES, NILDA A. 7850 NW.SOUTH.RIVER DR MEDLEY FL 33166	D DIRECT	ORS  DELETE  DELETE	13. 1.1 Ti 1.2 Ni 1.3 Si 1.4 Ci 2.1 Ti 2.2 Ni 2.3 Si 2.4 (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	TITLE	ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS	required w		-	O OFFI		☐ Cha	nge	Addition	CB2E024 (44/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD TORRES, NILDA A. 7850 NW.SOUTH.RIVER DR MEDLEY FL 33166	D DIRECT	ORS  DELETE  DELETE  DELETE	13. 1.1 Ti 1.2 N 1.3 S 1.4 C 2.1 T 2.2 N 2.3 S 2.4 ( 3.1 T 3.2 N 3.3 S 3.4 ( 4.1 T 4.2 I 4.3 S 4.4 C 5.1 T 5.2 N	TITLE  AME  TITLE  TITLE  AME  TITLE  TITLE  AME  TITLE	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP	required w		-	O OFFI		☐ Cha	nge	Addition Addition Addition	CD2E024 (44/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	PSD TORRES, NILDA A. 7850 NW. SOUTH, RIVER DR MEDLEY FL 33166	D DIRECT	ORS  DELETE  DELETE  DELETE	13. 1.1Ti 12N 1.3Si 14C 2.1Ti 22N 2.3Si 2.4( 3.1Ti 32N 3.3Si 3.4.( 4.1Ti 4.21i 4.3Si 4.4C 5.1Ti 5.2N 5.3Si	TILE  AME TIREET TITLE  AME TIREET TITLE  AME TIREET TITLE  AME TITLE  TITLE  AME TITLE  AME TITLE  AME TITLE  AME TITLE  TITLE  AME TITLE  TI	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP	required w		-	O OFFI		☐ Cha	nge	Addition Addition Addition	CD3E034 (44/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	PSD TORRES, NILDA A. 7850 NW. SOUTH, RIVER DR MEDLEY FL 33166	D DIRECT	DELETE  DELETE  DELETE  DELETE	13. 1.1 Ti 1.2 Ni 1.3 Si 1.4 Ci 2.1 Ti 2.2 Ni 2.3 Si 2.4 Ci 3.1 Ti 3.2 Ni 3.3 Si 3.4 Ci 4.1 Ti 4.2 Ii 4.3 Si 4.4 Ci 5.1 Ti 5.2 Ni 5.3 Si 5.4 Ci 5.4 Ci 5.4 Ci 5.5 Si 5.5 S	ITLE  AME  TREET  TITLE  TITLE  AME  TITLE	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP	required w		-	O OFFIC		☐ Cha	nge	Addition Addition Addition Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS STREET ADDRESS	PSD TORRES, NILDA A. 7850 NW. SOUTH, RIVER DR MEDLEY FL 33166	D DIRECT	ORS  DELETE  DELETE  DELETE	13. 1.1 Ti 1.2 N 1.3 S 1.4 C 2.1 T 2.2 N 2.3 S 2.4 ( 3.1 T 3.2 N 3.3 S 3.4 ( 4.1 T 4.2 I 4.3 S 4.4 C 5.1 T 5.2 N 5.3 S 5.4 C 6.1 T	ITLE  AME  TREET  TITLE  AME  TREET  TITLE  AME  TREET  TITLE  TITLE  AME  TREET  TITLE  AME  TITLE	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP	required w		-	O OFFI		☐ Cha	nge	Addition Addition Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD TORRES, NILDA A. 7850 NW. SOUTH, RIVER DR MEDLEY FL 33166	D DIRECT	DELETE  DELETE  DELETE  DELETE	13. 1.1 Ti 1.2 Ni 1.3 Si 1.4 Ci 2.1 Ti 2.2 Ni 2.3 Si 2.4 (ii 3.1 Ti 3.2 Ni 3.3 Si 3.4 (ii 4.2 Ti 4.2 Ti 4.3 Si 4.4 Ci 5.1 Ti 5.2 Ni 5.3 Si 5.4 Ci 6.1 Ti 6.2 Ni 6.2 Ni 6.1 Ti 6.2 Ni 6.2 Ni 6.1 Ti 6.2 Ni 6.2	ITLE  AME  TITLE  TITLE	ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP  ADDRESS T-ZIP	required w		-	O OFFI		☐ Cha	nge	Addition Addition Addition Addition	

14. I 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, with all other like empowered.

SIGNATURE: