Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90024 035 ***150.00

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 # J20331 1. Corporation Name

ATLANTIC SEAFRESH, INC.

Principal Place of Business Mailing Address					T INDUSTRA BEEN THE TRIBUTE STEAM TO THE STATE TO SERVICE THE STATE TO SERVICE STATE	[1811 Q1Q11 B1811 B	IIMIS ASBAN COM	
1709 SW 14TH ST P.O. BOX 320252 FT. LAUDERDALE FL 33312 FT. LAUDERDALE FL 33335 US US					DO NOT WRITE IN THIS	SPACE		1
	•				3. Date Incorporated or Qualifed			l
					06/20/1986			ĺ
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	_ 	plied For	ĺ
21 26					59-2697441		t Applicable	1
Suite, Apt. #, etc. Suite, Apt. #, etc. 27				5. Certificate of Status Desired \$8.75 Addit Fee Require			quired	
City & State City & State				6. Election Campaign Financing \$5:00 May Be			***	
23	28				Trust Fund Contribution Added to Fees			ł
Zip 24	Country Zip Co. [25] 29 30				8. This corporation owes the current year Intangible Personal Property Tax. ✓ Yes □ No			
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registered	Agent		
			81	Name				ļ
CORPORATION COMPANY OF MIAMI 201 S. BISCAYNE BLVD.			82	Street Addr	ress (P.O. Box Number is Not Acceptable)			
1600 MIAMI CENTER			83					
MIAMI FL 33131			84			- 1		ļ
				City	FL 85 Zip Code			
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State of familiar with, and accept the obligations.	if Florida. Such change was auth	orized by	the corporation	oration submits this statement for the purpose o on's board of directors. I hereby accept the appo	f changing its intment as re	registered gistered	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE: 8a	nistered Aner	enionen enutsmise te	d when reinstating) DATE	_		_
12.	12. OFFICERS AND DIRECTORS			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN			RS IN 12	ę
TITLE	DP	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition	11
NAME	MONEDERO, JAMES	•						5
STREET ADDRESS	1		1.3 STREET	r address				
CITY-ST-ZIP	1		1.4 CITY-S	T-ZIP		_		وَ إ
TITLE	٧	□ DELETE ■ n.t.				Change	☐ Addition	١
NAME	MONEDERO, MATILDE		2.2 NAME	Į				
STREET ADDRESS	1708 SW 14 ST		2.3 STREE	TADORESS				ļ
CITY-ST-ZIP	LAUDERDALE FL		2.4 CITY-S	T-ZIP				1
_ TITLE	ST	DELETE.	.3.1.TITLE =		a proposition de la company d	Change	Addition.	=
NAME	MUNGUIA, JAIME R.		3.2 NAME					ļ
STREET ADDRESS	1708 SW 14 ST		3.3 STREE	TADDRESS				ĺ
CITY-ST-ZIP	LAUDERDALE FL		3.4. CITY-5	ST-ZIP		Change	Addition	-
TITLE	•		4.1 TITLE			☐ Change	Audiaun	
NAME			4.2 NAME					
STREET ADDRESS				TADDRESS	•			
CiTY-ST-ZIP	<u> </u>		4.4 CITY-S	T-ZIP		Change	Addition	\mathbf{I}
TITLE	†	☐ DELETE	5.1 TITLE	1		C Change		1
NAME	}	<u></u>	5.2 NAME	ľ	•			

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.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TTTLE

6.2 NAME

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

☐ DELETE

Change

☐ Addition