


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

FILED

Apr 16 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # K17237 (4)</b>					
1. Corporation Name <b>OCEAN GOURMET PRODUCTS, INC.</b>					
Principal Place of Business <b>1951 NW 22 STREET FT LAUDERDALE FL 33311</b>			Mailing Address <b>1951 NW 22 STREET FT LAUDERDALE FL 33311-2908</b>		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>03/08/1988</b>	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		3a. Date of Last Report <b>04/16/1996</b>	
22. City & State		27. City & State		4. FEI Number <b>65-0934141</b>	
23. Zip		28. Zip		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
24. Country		29. Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
25. Country		30. Country		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			10. Name and Address of New Registered Agent		
<b>WU, SHIH TZA 1951 NW 22 ST FT LAUDERDALE FL 33311</b>			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 _____ (NOTE: Registered Agent signature required when re-instating) _____ DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
NAME	WU, SHIH TZA		11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	1951 NW 22 STREET		12. NAME		
CITY-ST-ZIP	FT LAUDERDALE FL		13. STREET ADDRESS		
TITLE	VD	<input type="checkbox"/> DELETE	14. CITY-ST-ZIP		
NAME	BUCHER, JOHN C.		21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	1951 NW 22 STREET		22. NAME		
CITY-ST-ZIP	FT LAUDERDALE FL		23. STREET ADDRESS		
TITLE	STD	<input type="checkbox"/> DELETE	24. CITY-ST-ZIP		
NAME	WU, TSAI HUI HSU		31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	1951 NW 22 STREET		32. NAME		
CITY-ST-ZIP	FT. LAUDERDALE FL		33. STREET ADDRESS		
TITLE		<input type="checkbox"/> DELETE	34. CITY-ST-ZIP		
NAME			41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			42. NAME		
CITY-ST-ZIP			43. STREET ADDRESS		
TITLE		<input type="checkbox"/> DELETE	44. CITY-ST-ZIP		
NAME			51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			52. NAME		
CITY-ST-ZIP			53. STREET ADDRESS		
TITLE		<input type="checkbox"/> DELETE	54. CITY-ST-ZIP		
NAME			61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS			62. NAME		
CITY-ST-ZIP			63. STREET ADDRESS		
			64. 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: _____			4-10-97 964-484-7500		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

CR2E034 (9/96)