

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT CORPORATION  
ANNUAL REPORT  
1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morthland  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # K46542 (2)**

1. Corporation Name

**WACO'S FISH MARKET INC.**



Principal Place of Business

Mailing Address

% CLARA WADE  
7525 N.W. 22ND AVENUE  
MIAMI FL 33147

% CLARA WADE  
7525 N.W. 22ND AVENUE  
MIAMI FL 33147

3. Date Incorporated or Qualified  
**11/18/1988**

3a. Date of Last Report  
**05/01/1995**

21. Principal Place of Business  
*CLARA WADE*

2a. Mailing Address  
*% CLARA WADE*

4. FEI Number  
**65-0129558**

Applied For  
 Applied For  
 Not Applicable

22. Suite, Apt #, etc  
*7525 NW 22ND AVE*

27. Suite, Apt #, etc  
*7525 NW 22ND AVE*

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

23. City & State  
*MIAMI, FLA*

28. City & State  
*MIAMI, FLA*

6. Election Campaign Financing  
Trust Fund Contribution

**\$5.00** May Be Added to Fees

24. Zip

Country

29. Zip

Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WADE, RONALD  
7525 N.W. 22ND AVENUE  
MIAMI FL 33147**

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

Signature of the president or chief executive officer and the applicable

(if the Registered Agent Signature is required at all times) (if not)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>DT</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WADE, CLARA</b>	1.2 NAME	
STREET ADDRESS	<b>8801 N.W. 333RD AVE. RD.</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>DV</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HANKINS, VKKI</b>	2.2 NAME	
STREET ADDRESS	<b>8801 N.W. 333RD AVE. RD.</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>DS</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WADE, CRAIG</b>	3.2 NAME	
STREET ADDRESS	<b>8801 N.W. 333RD AVE. RD.</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL</b>	3.4 CITY - ST - ZIP	
TITLE	<b>DP</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WADE, RONALD</b>	4.2 NAME	
STREET ADDRESS	<b>7525 NW 22ND AV RD</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MIAMI FL</b>	4.4 CITY - ST - ZIP	
TITLE		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		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	

**100001911431** Change  Addition   
**-08/02/96--01031--039**  
**\*\*\*225.00**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** *Clara Wade* **CLARA WADE**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-20-96**

**836-4988**

CR2E034 (3/96)