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

PROFIT CORPORATION ANNUAL REPORT

NAMi

STREET ADDRESS

14. I do hereby certi information indica appears in Block

SIGNATURE



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT # K96218

(8)

LISTA ENTERPRISES SEAFOOD CORPORATION Principal Place of Business Mailing Address 271 EAST 57 STREET 271 FAST 57 STREET HIALEAH FL 33013 HIALEAH FL 33013-1237 3. Date Incorporated or Qualified 3a. Date of Last Report 06/19/1989 06/20/1996 20. Mailing Address 4. FEI Number 2. Principal Place of Business Applied For 65-0122999 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes \(\sigma\) No Country Country 25 29 30 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent MARTINEZ, LUIS A 271 EAST 57TH STREET Street Address (P.O. Box Number is Not Acceptable) HIALEAH FL 33013 83 64 City Zip Code 85 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. Lam familiar with, and accept the obligations of, Section 607.0505. Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and fite if applicable DATE (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 12. OFFICERS AND DIRECTORS 13. DPS THILE DELETE 1.1 TITLE Change Addition MARTINEZ. LUIS A NAMe 1.2 NAME 271 E. 57TH STREET STREET ADDRESS 1.3 STREET ADDRESS HIALEAH FL CITY-S1-ZP 14 City-St-ZiP DELETE Change Addition 2.1 TITLE THILE 2.2 NAME N4M! 2 3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CHY-SI-ZIP DELETE 3.1 TiTLE Change Addition TITLE 3.2 NAME NAME 3 3 STREET ADDRESS SUBERT ADDRESS CHY-\$1-2IF 3.4. CITY - ST-ZIP Change DELETE Addition 4.1 TITLE TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CHTY - ST - ZIP DELETE Change Addition THLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADORESS 54 CITY-ST-ZIP CHY-S1-ZIP DELETE 6.1 TITLE Change Addition TITLE

6.2 NAME

HA PROUNTED

TES NAME OF SIGNING OFFICER OR DIRECTOR

6.3 STREET ADDRESS

pplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the tor supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that on or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

64 CITY-ST-ZIP

FILED

May 08 1997 8:00am

Secretary of State