

1995

 Secretary of State
 DIVISION OF CORPORATIONS

 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

95 APR 11 PM 8:57

DOCUMENT # L05663

(4)

1. Corporation Name

OCEAN DYNASTY SEAFOOD, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business

 7340 GRANT ST
 HOLLYWOOD FL 33024
 US

Mailing Address

 8362 PINES BLVD
 STE 337
 PEMBROKE PINES FL 33024
 US

3. Date Incorporated or Qualified

07/31/1989

3a. Date of Last Report

04/08/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

4. FEI Number

65-0133997

Applied For

Not Applicable

5. Certificate of Status Desired

☐
 \$8.75 Additional
 Fee Required
6. Election Campaign Financing
Trust Fund Contribution☐
 \$5.00 May Be
 Added to Fees
8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

 HERNANDEZ, MARTHA R.
 7340 GRANT ST
 HOLLYWOOD FL 33024

10. Name and Address of New Registered Agent

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-3-95

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

 DPT
 HERNANDEZ, MARTHA
 8362 PINES BLVD., STE 337
 PEMBROKE PINES FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

 V
 HERNANDEZ, ENRIQUE
 8362 PINES BLVD., STE. 337
 PEMBROKE PINES FL

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Signature and typed or printed name of signing officer or director.

Date

Signature Printed Name

0094412 CP