

FILE FEE AFTER MAY 1 IS \$225.00

1995



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DOCUMENT # L52323

(7)

1. Corporation Name

SEAFOOD EXPRESS, INC.



Principal Place of Business

Mailing Address

18373 NE 4TH COURT
NORTH MIAMI BEACH FL 33179

18373 NE 4TH COURT
NORTH MIAMI BEACH FL 33179

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

02/22/1990

3a. Date of Last Report

05/01/1995

4. FET Number

65-0239781

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

10. Name and Address of New Registered Agent

CARMELY, VICTOR
20300 W. COUNTRY CLUB DR.
#107
NORTH MIAMI BEACH FL 33180

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 Signer) (Typed or Printed Name of Signer)

DATE

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
DPS
CARMELY, VICTOR
20300 W. COUNTRY CLUB DR.
N. MIAMI BEACH FL 33179

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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13.

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

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24 CITY - ST - ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

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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, 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

VICTOR CARMELY 5/18/96 305-270-1281