

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M06482** (7)
1. Corporation Name
J & F SEAFOOD, INC.



Principal Place of Business: **1030 WEST 23RD STREET HIALEAH FL 33010-1923**
Mailing Address: **1030 WEST 23RD STREET HIALEAH FL 33010-1923**

3. Date Incorporated or Qualified: **10/16/1984**
3a. Date of Last Report: **12/26/1995**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-sections for Suite, City & State, Zip, and Country.

4. FEI Number: **59-2457680**
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$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
**CHAVES, EYDA
1030 W. 23RD CT.
HIALEAH FL 33010**

10. Name and Address of New Registered Agent
81 Name: **MANUEL F CHAVES**
82 Street Address: **1030 W 23RD ST**
84 City: **Hialeah** FL 85 Zip Code: **33010**

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: *Manuel F Chaves*
Signature, typed or printed name of registered agent or director (Applicable)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	VPD	1.1 TITLE
NAME	CHAVES, EYDA	1.2 NAME
STREET ADDRESS	1030 W. 23 ST.	1.3 STREET ADDRESS
CITY-ST-ZIP	HIALEAH FL	1.4 CITY-ST-ZIP
TITLE	P	2.1 TITLE
NAME	CHAVES JORGE	2.2 NAME
STREET ADDRESS	1030 W. 23RD STREET	2.3 STREET ADDRESS
CITY-ST-ZIP	HIALEAH FL	2.4 CITY-ST-ZIP
TITLE		3.1 TITLE
NAME		3.2 NAME
STREET ADDRESS		3.3 STREET ADDRESS
CITY-ST-ZIP		3.4 CITY-ST-ZIP
TITLE		4.1 TITLE
NAME		4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS
CITY-ST-ZIP		4.4 CITY-ST-ZIP
TITLE		5.1 TITLE
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE		6.1 TITLE
NAME		6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS
CITY-ST-ZIP		6.4 CITY-ST-ZIP

Change Addition

P/S/F O
CHAVES MANUEL F
1030 W 23 ST
Hialeah FL 33010

Change Addition

Change Addition

Change Addition

Change Addition

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: *Manuel F Chaves*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/24/96 885-7344
Date Date/Time #

CR2E034 (12/95)