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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # 1. Corporation Name M19696

(7)

OMAR SEAFOOD, CORP.

FILED Apr 29 1998 8:00am Secretary of State



Frincipal Flace of business		Mailing Addre	355			
2111 NW 10 AVE. MIAMI FL 33127			7TH STREET			
		12	MIAMI FL 33126			DO NOT WRITE IN THIS SPACE
		US US				3. Date Incorporated or Qualified
		•				08/21/1985
2. Principal Pi	ace of Business	2a. Mailing Ad	idress			4. FEI Number Applied For
21		26				59-2576432 Not Applicable
Suite, Apl. #, etc.			Suite, Apt #, etc.			SR 75 Additional
22		27]			5. Certificate of Status Desired Fee Required
City & State			City & State			6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution
Zip	Country	Ζφ	Zip Country		7	8. This corporation owes or has paid the current year Intangible
24	25	29	30	30		Personal Property Tax due June 30. 🔀 Yes 🗌 No
	9. Name and Address of Curre	nt Registered Ager	t			10. Name and Address of New Registered Agent
VI	LL a r, omar			81	Name	
	94 S.W. 23RD TERR.		82 Street Ad		Stroot /	Address (P.O. Box Number is Not Acceptable)
	AMI FL 33145		62 300		Gileei A	Address (F.O. Box Number is Not Acceptable)
••••				83		
				-		
				84	City	FL 85 Zip Code
11. Pursuant to	the provisions of Sections 607 05	02 and 607 1508, Fig	orida Statutes, the	e above	t e-named i	corporation automita this statement for the number of shareing its society and
office or ro	e giste red agent, or both, in the State of fam iliar with, and accept the oblin	e of Florida, Such ch nations of Section 60	ange was author 17 0505. Florida 5	ized by	the corp	poration's board of directors. I hereby accept the appointment as 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, am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.						
SIGNATURE	Spritture, typed preprited name of registered as	ent and tite if applicable	(NO1E Regis	tered Age	ını signature i	required whon reinstating) DATE
12.		ND DIRECTORS		3.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PS		DELETE 1	1 TITLE		Change Addition
NAME	: ZILLAR, OMAR		1	.2 NAME		
STREET ADDRESS			1	.3 STREET	ADDRESS	
CITY-ST-ZIP	_ MIAMI F&		1	4 CITY - S	1 - ZIP	
TITLE	<u> </u>		DELETE 2	.1 TITLE		Change Addition
NAME	🖫 VILLAR, 物 NIA D.		2	.2 NAME		
STREET ADDRESSA	3194 S.W. 23RD TERR.		2	3 STREE1	ADDRESS	
CITY-ST-ZIP	<u>'</u> miami fl		2	4 CITY-S	ST-ZIP	
TITLE			DELETE 3	1 TITLE		Change Addition
NAME			3	2 NAME	- 1	
STREET ADDRESS			3	3 STREET	ADDRESS	
CITY-ST-ZIP			3	4. C(TY - S	ST-ZIP	
TITLE				1 TITLE	•	☐ Change ☐ Addition
NAME			4.	2 NAME		
STREET ADDRESS			4.	3 STREET	ADDRESS	
CITY-ST-ZIP				4 CITY - ST		
TITLE				1 TITLE		Change Addition
NAME			5.	2 NAME		-
STREET ADDRESS				3 STREET	ADDRESS	
CITY-ST-ZIP				4 CITY-S	ľ	
TITLE				1 TITLE	-	Change Addition
NAME				2 NAME		
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP				4 CITY - ST	1	
					"	

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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 coreiver 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 only attachment with an address.