1999

SEA FRESH OF MIAMI, INC

DOCUMENT # M45456

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90010 028 ***150.00

			•			
Principal Place	e of Business	Mailing Address				
C/O CARLOS B. DELAMO C/O CARLOS B. DEL AMO						
7716 NW 76TH	AVE.	11150 SW 67TH AVE.			DO NOT WRITE IN THIS SPACE	
MIAMI FL 33160 US	6	MIAMI FL-33156-3903 → US	·	7	3. Date Incorporated or Qualified	
US		03			01/26/1987	{
2 Principal Pi	lace of Business	2a. Mailing Address			4. FEI Number Applie	d For
21	26			pplicable		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75 Add	itional
22	27		5. Certificate of Status Desired Fee Requi	red		
City & State	te City & State		6. Election Campaign Financing \$5.00 Ma	y Be		
23	28		Trust Fund Contribution Added to F	ees		
Zip	Country			8. This corporation owes the current year Intangible	No	
24	25	29 30	<u> </u>		Personal Property Tax. Yes 10. Name and Address of New Registered Agent	140
	9. Name and Address of Current	. Kegistered Agent	81	Name		
DEL	AMO, CARLOS B.					
	60 S.W. 67 AVE.		82	Street	Address (P.O. Box Number is Not Acceptable)	
MIAN	MI FL 33156		83			
			`			
			84	City	FL 85 Zip Cod	le
11. Pursuant	to the provisions of Sections 607.0502	2 and 607.1508, Florida Statutes,	the above	e-named	corporation submits this statement for the purpose of changing its reg	istered
office or n	egistered agent, or both, in the State on m familiar with, and accept the obligati	of Florida. Such change was auth	orized by	the corpo	oration's board of directors. I hereby accept the appointment as regist	ereo
SIGNATURE	<i>,,,</i> ,=,					Į
	Signature, typed or printed name of registered agent			nt signature r	required when reinstating) DATE	
12.	OFFICERS AND	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS Change	Addition
TITLE .	DP CADLOS	□ nereie	1.1 TITLE		Change	
NAME	DEL AMO, CARLOS 12 NAME 12 NAME				ĺ	
STREET ADDRESS	7716 NW 76 AVE 1.3 STREET ADDRESS MIAMI FL 1.4 CITY-ST-ZIP					
CITY-ST-ZIP TITLE	S. ~	DELETE.	2.1 TITLE		□ Change	Addition
NAME	DEL AMO, OLGA	 	2.2 NAME	:		
STREET ADDRESS	7716 NW 76TH AVE		2.3 STREE	T ADDRESS		
CITY-ST-ZIP	MIAMI FL .		2.4 CITY-S	ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change	Addition
NAME			3.2 NAME		,	
STREET ADDRESS			3.3 STREE	TADDRESS		Ì
CITY-ST-ZIP			3.4, CITY-S	ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change	Addition
NAME		•	4.2 NAME			
STREET ADDRESS			4.3 STREE	T ADDRÉSS		ĺ
CITY-ST-ZIP			4.4 CITY-S	T-ZIP	Change	Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME			☐ wadaaan
NAME			i i	TADDRESS		ı
STREET ADDRESS			5.4 CITY-S			·
CITY-ST-ZIP	-	☐ DELETE	6.1 TITLE	1 - AIT	Change	Addition
TITLE		المال المال	6.2 NAME			

CITY-ST-ZIP 14. I hereby 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 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 charged, or on a stated ment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS