FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 9:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **M52595** **(9)**

1. Corporation Name
FLORIDA SMOKED FISH SALES CORP.

Principal Place of Business	Mailing Address
C/O HARVEY OXENBERG 1111 NW 159TH DR MIAMI FL 33169	C/O HARVEY OXENBERG 1111 NW 159TH DR MIAMI FL 33169

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/22/1987
3a. Date of Last Report: 04/27/1994

2. Principal Place of Business (21)
2a. Mailing Address (26)
Suite, Apt. #, etc. (22) (27)
City & State (23) (28)
Zip (24) Country (25) Zip (29) Country (30)

4. FEI Number: 59-2812694 ☐ 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

OXENBERG, HARVEY
1111 NW 159TH DR
MIAMI FL 33169

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	11 TITLE		☐ Change ☐ Addition
NAME	OXENBERG, BERNARD	12 NAME		
STREET ADDRESS	1111 NW 159TH DR	13 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP		
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	OXENBERG, HARVEY	22 NAME		
STREET ADDRESS	1111 NW 159TH DR	23 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP		
TITLE	D	31 TITLE		☒ Change ☐ Addition
NAME	OXENBERG, JEROME	32 NAME	Delete	
STREET ADDRESS	1111 NW 159TH DR	33 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP		
TITLE		41 TITLE	D	☐ Change ☒ Addition
NAME		42 NAME	Oxenberg, Linda	
STREET ADDRESS		43 STREET ADDRESS	1111 N.W. 159 Drive	
CITY-ST-ZIP		44 CITY-ST-ZIP	Miami, Fl. 33169	
TITLE		51 TITLE	D	☐ Change ☒ Addition
NAME		52 NAME	Oxenberg, Lawrence	
STREET ADDRESS		53 STREET ADDRESS	1111 N.W. 159 Drive	
CITY-ST-ZIP		54 CITY-ST-ZIP	Miami, Fl. 33169	
TITLE		61 TITLE	S	☐ Change ☒ Addition
NAME		62 NAME	Bayer, Jack	
STREET ADDRESS		63 STREET ADDRESS	1111 N.W. 159 Dr	
CITY-ST-ZIP		64 CITY-ST-ZIP	Miami, Fl. 33169	

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)(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 changed, or on an attachment with an address.

SIGNATURE: Jack Bayer 4/26/95 (305) 625-5112
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JACK Bayer

0184330 CP