

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Apr 28 1997 8:00am
Secretary of State

DOCUMENT # M52595 (9)

1. Corporation Name

FLORIDA SMOKED FISH SALES CORP.



Principal Place of Business

C/O HARVEY OXENBERG
1111 NW 159TH DR
MIAMI FL 33169

Mailing Address

C/O HARVEY OXENBERG
1111 NW 159TH DR
MIAMI FL 33169-5807

3. Date Incorporated or Qualified

05/22/1987

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME OXENBERG, BERNARD
STREET ADDRESS 1111 NW 159TH DR
CITY-ST-ZIP MIAMI FL ☒ DELETE

TITLE D
NAME OXENBERG, HARVEY
STREET ADDRESS 1111 NW 159TH DR
CITY-ST-ZIP MIAMI FL ☐ DELETE

TITLE D
NAME OXENBERG, LINDA
STREET ADDRESS 1111 NW 159 DRIVE
CITY-ST-ZIP MIAMI FL ☐ DELETE

TITLE D
NAME OXENBERG, LAWRENCE
STREET ADDRESS 1111 NW 159 DRIVE
CITY-ST-ZIP MIAMI FL ☐ DELETE

TITLE S
NAME BAYER, JACK
STREET ADDRESS 1111 NW 159 DRIVE
CITY-ST-ZIP MIAMI FL ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE SENIOR V.P. CFO SEC. ☐ Change ☒ Addition
1.2 NAME FLEISCHMAN, DAVID H.
1.3 STREET ADDRESS 1111 NW 159 DRIVE
1.4 CITY-ST-ZIP MIAMI FLA 33169.

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 changed, or in an attachment with an address.

SIGNATURE

OXENBERG, HARVEY
1111 NW 159TH DR
MIAMI FL 33169

CR2E034 (9/96)