

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

**FILED**  
**Apr 23 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # M52595 (9)**  
 1. Corporation Name  
**FLORIDA SMOKED FISH SALES CORP.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>C/O HARVEY OXENBERG          1111 NW 159TH DR          MIAMI FL 33169</b>	Mailing Address <b>C/O HARVEY OXENBERG          1111 NW 159TH DR          MIAMI FL 33169</b>
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**3. Date Incorporated or Qualified**  
**05/22/1987**

**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 owes or has paid the current year Intangible Personal Property Tax due June 30**  Yes  No

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

**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**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>FL</b> <b>85</b> 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 reinstating) DATE

**12. OF OFFICERS AND DIRECTORS**

TITLE	<b>SVS</b>	<input type="checkbox"/> DELETE
NAME	<b>FLEISCHMAN, DAVID H</b>	
STREET ADDRESS	<b>1111 NW 159TH DR</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>OXENBERG, HARVEY</b>	
STREET ADDRESS	<b>1111 NW 159TH DR</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>OXENBERG, LINDA</b>	
STREET ADDRESS	<b>1111 NW 159 DRIVE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>OXENBERG, LAWRENCE</b>	
STREET ADDRESS	<b>1111 NW 159 DRIVE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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 changed, or on the attached with an address.**

**SIGNATURE:** *[Signature]* **HARVEY OXENBERG** 4/17/98.

CR2E034 (10/97)