

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

FILED

**Feb 06 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # M55234 (2)

1. Corporation Name
MARGANI SEAFOOD INC.



Principal Place of Business
**11890 NW. 87TH CT
BAY 3
HIALEAH GARDENS FL 33016**

Mailing Address
**11890 NW. 87TH CT
BAY 3
HIALEAH GARDENS FL 33018-1984**

3. Date Incorporated or Qualified
07/09/1987

3a. Date of Last Report
02/23/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

25 Country

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30 Country

4. FEI Number
59-2823810

Applied For
 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

8. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ALONSO, ANIBAL A.
6465 W. 8TH LANE
HIALEAH FL 33012**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ALONSO, ANIBAL A.	
STREET ADDRESS	6465 W. 8TH LANE	
CITY-ST-ZIP	HIALEAH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ANIBAL A. ALONSO	
1.3 STREET ADDRESS	6465 W. 8 LANE	
1.4 CITY-ST-ZIP	HIALEAH FL 33012	
2.1 TITLE	S/T/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MARGARITA ALONSO	
2.3 STREET ADDRESS	6465 W. 8 LANE	
2.4 CITY-ST-ZIP	HIALEAH FL 33012	
3.1 TITLE	P/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ALEJANDRO M. ALONSO	
3.3 STREET ADDRESS	6465 W. 8 LANE	
3.4 CITY-ST-ZIP	HIALEAH FL 33012	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 on an attachment with an address.

SIGNATURE: *[Signature]* **ANIBAL ALONSO** 1-15-97 362-9485
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)