

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00.

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # *m68164*

1. Corporation Name

ANCHOR SEAFOOD, INC.

Principal Place of Business Mailing Address
6317 S.W. 11th. Street
Miami, Florida 33144 SAME

APPROVED
AND
FILED

95 JUN 22 AM 11:14

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****225.00 ****225.00

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 1990	3a. Date of Last Report 4-26-94
4. FEI Number 65-0155969	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. 199.022, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent Antonio Martinez-Malo 10265 S.W. 70th. Street Miami, Florida 33173	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
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11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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)

(Not to be completed if agent signature required when registering)

(Not to be completed if agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P/S/T/D	1.1 TITLE	☐ Change ☐ Addition
NAME	Antonio Martinez-Malo	1.2 NAME	
STREET ADDRESS	10265 S.W. 70th. Street	1.3 STREET ADDRESS	
CITY ST ZIP	Miami, Florida 33173	1.4 CITY ST ZIP	
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY ST ZIP		2.4 CITY ST ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY ST ZIP		3.4 CITY ST ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 CITY ST ZIP	

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)(k), 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 207, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or in an attachment with an address.

SIGNATURE

Antonio Martinez-Malo

ANTONIO MARTINEZ-MALO

5/16/95

(305) 596-6424

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

(Telephone Number)