File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. SEGRETARY OF STATE DIVISION OF CORPORATIONS FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 98 SEP 10 AM 10: 17 FILING PEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited hiability Company DOCUMENT # M95000.0000052 Caribbean Scafoods nv. Ud 9632 SW 20 Fer DBA. C.S.F. liability himsed Company Mi'ami, PC 33/65 9632 SV 20 ter. Mami, PC 33/65 2a. Mailing Address 3. Date Organized or Qualified | 3a. State of Formation Florida Suite, Apt. #, etc. Applied For City & State City & State Not Applicable MIAMI, Pl 6. Certificate of Status Desired Country \$8.75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office CECIL H. Callender Ceail H. Callender. Street Address (P.O. Box Number Is Not Acceptable) 9545 SW 24 74 ST 9632 SW 20 Ter Suite, Apt. #, etc. Miami, FL 33165 Miami 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. SIGNATURE _ ___ (Registered Agent :Cepting Appointment) (NOTE Flogistered Agent signature required when reinstating) 10. Title Managing Members Managers **Business Street Address** City, State and Zip Code Callender, Cecil H. MOL Mami, F 100002637811··· 6 -03/11/38·-01037--007 ****588.75 ****588.75 11. 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 is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute the same required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

SIGNATURE: