

PROFIT
CORPORATION
ANNUAL REPORT
1996FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONSFILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # M98611

(0)

1. Corporation Name

HORIZON SEAFOOD COMPANY

96 SEP 16 PM 12:38



Principal Place of Business

Mailing Address

C/O LAMONT & NEIMAN, PA
1 BISCAYNE TW. #3550, 2 SO. BISCAYNE BLD
MIAMI FL 33131C/O LAMONT & NEIMAN, PA.
1 BISCAYNE TW. #3550, 2 SO. BISCAYNE BLD
MIAMI FL 33131

2. Principal Place of Business

2a. Mailing Address

21 13605 S. DIXIE HIGHWAY

26 BERENFELD ET AL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 MIAMI FLORIDA

28 MIAMI FLORIDA

24 Zip

Country

29 Zip

Country

33176

U.S.A.

30 33156

U.S.A.

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

09/12/1988

3a. Date of Last Report

07/19/1995

4. FEI Number

65-0201528

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☒ Yes☐ No

10. Name and Address of New Registered Agent

LAMONT & NEIMAN, P.A.
ONE BISCAYNE TOWER, SUITE 3550
TOW SOUTH BISCAYNE BLVD
MIAMI FL 33131

81 Name

ABNER SCHOENWETTER

82 Street Address (P.O. Box Number is Not Acceptable)

13605 S. DIXIE HIGHWAY

83

84 City

MIAMI

FL

85 Zip Code

33176

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

Abner Schoenwetter

Pres

8/6/96

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

(NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
POT
SCHOENWETTER, ABNER
ONE BISCAYNE TOWER 2 BIS
MIAMI FL 33131☐ DELETETITLE
NAME
STREET ADDRESS
CITY - ST - ZIP☐ DELETETITLE
NAME
STREET ADDRESS
CITY - ST - ZIP☐ DELETETITLE
NAME
STREET ADDRESS
CITY - ST - ZIP☐ DELETETITLE
NAME
STREET ADDRESS
CITY - ST - ZIP☐ DELETETITLE
NAME
STREET ADDRESS
CITY - ST - ZIP☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
40000190
-09/26/96--01033--002
***225.00 ***225.00

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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, further certifying 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

Abner Schoenwetter ABNER SCHOENWETTER PRES 9/10/96

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR