FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

FILED
97 MAY -1 AM 10:15
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N92000000646 (1)

1. Corporation Name
FISHERAMA, INC.

REINSTATEMENT 96-97 aw

Principal Place of Business	Mailing Address
~~4506 S.W. 74TH AVENUE~~ ~~MIAMI FL 33155~~	~~4506 S.W. 74TH AVENUE~~ ~~MIAMI FL 33155~~

3. Date Incorporated or Qualified: 12/08/1992
3a. Date of Last Report: 03/15/1995

2. Principal Place of Business	2a. Mailing Address
21 10910 SW 136th CT.	26 10910 SW 136th CT.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: MIAMI FL	28 City & State: MIAMI FL
24 Zip: 33186 25 Country: US	29 Zip: 33186 30 Country: US

4. FEI Number: 65-0401598 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
~~MCCORMICK, ARTHUR F~~ ~~7550 RED ROAD~~ ~~SUITE 203~~ ~~MIAMI FL 33143~~	81 Name: DENNY, JIM 82 Street Address (P.O. Box Number is Not Acceptable): 10910 S W 136TH COURT 83 84 City: MIAMI FL 85 Zip Code: 33186

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: JAMES M. DENNY 3/13/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DENNY, JIM 10910 S.W. 136TH CT. MIAMI FL 33186 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~SVD~~ ~~HINE, GEORGE~~ ~~642 S.W. CATALINA~~ ~~PALM CITY FL 34990~~ ☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	SVD ROBERT WUNSCH 2631 E OAKLAND PARK BLVD. FORT LAUDERDALE FLA 33306 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~TD~~ ~~DOGAL, ALBERTO~~ ~~4506 S.W. 74TH AVE.~~ ~~MIAMI FL 33155~~ ☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	TD PATTERSON, ROBERT 2750 N. 29TH AVE # 210 HOLLYWOOD FLA ~~33020~~ 33020 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	400002173134---0 -05/09/97--01089--004 ****297.50 ****297.50 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (12/95)

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

SIGNATURE: _____ 4/19/96 (954) 568 6009
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #