

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

**APPROVED AND FILED**

95 MAY -1 PM 5:13

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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-05/03/95--01024--002  
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CORPORATION  
ANNUAL REPORT  
1995

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



DOCUMENT # P36958  
1. Corporation Name: S. FISH. Corp.  
SOUTH FISHING CORPORATION

Principal Place of Business: 1800 S OCEAN DR # 505  
POMPANO BEACH, FL 33062

Mailing Address: SAME

3. Date Incorporated or Qualified: 12/31/91  
3a. Date of Last Report: 4/8/94

2. Principal Place of Business  
21 1800 S OCEAN DR  
Suite, Apt # etc: # 505  
City & State: POMPANO BEACH, FL  
22 33062  
23 USA

2a. Mailing Address  
25 1800 S OCEAN DR  
Suite, Apt # etc: # 505  
City & State: POMPANO BEACH, FL  
26 33062  
27 USA

4. FEI Number: 65-0299761  
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

7. This corporation has liability for intangible tax under § 195.002, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
SOLDEVREN, LUIS  
5830 NE 20 TER  
FT. LAUDERDALE, FL 33308

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P O Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits the 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 607.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_  
(Type or print name of registered agent and the corporation)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	D/C	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	CAMPOS, JORGE	1.2 NAME	
3. STREET ADDRESS	1800 S OCEAN DR #505	1.3 STREET ADDRESS	
4. CITY, ST, ZIP	POMPANO BEACH, FL 33062	1.4 CITY, ST, ZIP	
5. TITLE	D/IC	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	ORTUZAR, VICTOR	2.2 NAME	
7. STREET ADDRESS	1800 S OCEAN DR #505	2.3 STREET ADDRESS	
8. CITY, ST, ZIP	POMPANO BEACH, FL 33062	2.4 CITY, ST, ZIP	
9. TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	CARLIN, BENESTO	3.2 NAME	
11. STREET ADDRESS	1800 S OCEAN DR #505	3.3 STREET ADDRESS	
12. CITY, ST, ZIP	POMPANO BEACH, FL 33062	3.4 CITY, ST, ZIP	
13. TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	SOTOMAYOR, MANUEL	4.2 NAME	
15. STREET ADDRESS	1800 S OCEAN DR #505	4.3 STREET ADDRESS	
16. CITY, ST, ZIP	POMPANO BEACH, FL 33062	4.4 CITY, ST, ZIP	
17. TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	DAY, HENRY	5.2 NAME	
19. STREET ADDRESS	1800 S OCEAN DR #505	5.3 STREET ADDRESS	
20. CITY, ST, ZIP	POMPANO BEACH, FL 33062	5.4 CITY, ST, ZIP	
21. TITLE	D	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME	DAY, EDORGE	6.2 NAME	
23. STREET ADDRESS	1800 S OCEAN DR #505	6.3 STREET ADDRESS	
24. CITY, ST, ZIP	POMPANO BEACH, FL 33062	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 110.07(2)(b), 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 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 407, Florida Statutes; and that my name appears in Block 12 or Block 13 of this filing or on an attachment with an address.

SIGNATURE: X CAMPOS JORGE  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APR 21 1995