FILED Feb 24, 1999 8:00 am

Secretary of State

CR2E034 (11/98)

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

02-24-1999 90093 020 ***150.00 DIVISION OF CORPORATIONS 1999 DOCUMENT # P93000024723 1. Corporation Name IMPERIAL SEAFOOD, INC. Mailing Address Principal Place of Business 500 NE 185TH ST 500 NE 185TH ST MIAMI FL 33179-4541 MIAMI FL 33179-4541 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 04/02/1993 4. FEI Number Applied For 2a. Mailing Address Principal Place of Business 65-0405278 Not Applicable 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State 6. Election Campaign Financing City & State \$5.00 May Be Added to Fees Trust Fund Contribution 28 23 Country Zip Country Zip 8. This corporation owes the current year Intangible □No Personal Property Tax. 30 24 25 29 Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent HAMEN KITTAY, RICHARD 82 Street Address (P.O. Box Number is Not Acceptable) 500 NE 185TH ST **MIAMI FL 33179** A PT 83 OCEAN DRIVE Zip Code 3301 85 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. RIBMAN BARRU SIGNATURE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE Change 1.1 TITLE President TITLE BARRY RIBMAN KITTAY, RICHARD 12 NAME NAME **3303 NE 40 STREET** 1.3 STREET ADDRESS 3725 STREET ADDRESS 33019 FT. LAUDERDALE FL 1.4 CITY-ST-ZIF CITY-ST-ZIP Addition TITLE ☐ DELETE 2.1 TITLE 2.2 NAME NAME 725 S. OCEAN DRIVE 2.3 STREET ADDRESS STREET ADDRESS Hollywood FL 33019 2. 4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ DELETE TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change □ D€LETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition DELETE TITLE 5.1 TITLE 52 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition 6.1 TITLE Change □ DELETE TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP 14. I 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an aparachment with an address. all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

305 690-0200