FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

FILED
96 JUN 21 AM 10: 57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100001862071
-06/14/96--01023--039
****225.00 ****225.00

DOCUMENT # P93000037916

1. Corporation Name
WORLD SEAFOOD, INC.

Principal Place of Business: 7101 NW 77 TERRACE, MEDLEY, FLORIDA 33166
Mailing Address: SAME

3. Date Incorporated or Qualified: 5/26/93	3a. Date of Last Report: 2/23/95
4. FEI Number: 65-0413955	Applied For / Not Applicable
5. Certificate of Status Desired [X]	$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 [X] Yes [ ] No	

2. Principal Place of Business	2a. Mailing Address
21 2740 W. 81 STREET	26 P.O. BOX 661014
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23 HIALEAH, FLORIDA	City & State 28 MIAMI SPRINGS, FLORIDA
Zip 24 33016 Country 25 USA	Zip 29 Country 30 USA

9. Name and Address of Current Registered Agent

JOSE HIDALGO
3330 N.W. 60TH STREET
MIAMI, FLORIDA

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 ______ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	[ ] DELETE
NAME	ARTURO KAYSER	
STREET ADDRESS	1075 NW 126 PLACE	
CITY-ST-ZIP	MIAMI, FLORIDA 33182	
TITLE	VICE-PRESIDENT	[ ] DELETE
NAME	HECTOR MATA	
STREET ADDRESS	35 S.W. 136 COURT	
CITY-ST-ZIP	MIAMI, FLORIDA 33184	
TITLE	SECRETARY/TREASURER	[ ] DELETE
NAME	ARTURO KAYSER	
STREET ADDRESS	same as above	
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

100001862071
-06/14/96--01023--040
******8.75 ******8.75

1.1 TITLE		[ ] Change [ ] Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		[ ] Change [ ] Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		[ ] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: ARTURO KAYSER, PRESIDENT — 6/18/96 — (305) 820-5556
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Day's Phone #