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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P93000037916 (2)

WORLD SEAFOOD INC.

STREET ADDRESS

14. I do hereby certify that the inform

appears in Block 12 or Bloc

SIGNATURE:

changed, or on an attac

CITY - ST - ZIP

Principal Place of Business Mailing Address 2740 W. BI STREET P.O. BOX 861014 MIAMI SPRINGS FL 33268-1014 HIALEAH FL 33016 3. Date Incorporated or Qualified 3a. Date of Last Report 05/26/1993 06/21/1996 Applied For 2. Principal Place of Business 2a. Mailing Address FEI Number 65-04 13955 21 26 Not Applicable Suite, Apt. #, etc. Surte, Apt. #, etc. \$8.75 Additional Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 28 Trust Fund Contribution Added to Fees 23 Country Country This corporation has liability for intangible tax under s. 199.032, 29 Yes 🗌 No 30 Florida Statutes 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name HIDALGO, JOSE 3330 N.W. 60TH STREET 62 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL City RA 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 Signal are typed or proted name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) (96/6) 13. PST Change Addition THE DELETE 1.1 TITLE KAYSER, ARTURO 1.2 NAME NAME 1075 N.W. 126 PLACE 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33182** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition Change 2.1 TITLE TITLE MATA. HECTOR 2.2 NAME NAME 35 S.W. 136 COURT 2.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33184** CHY-S7-719 2.4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-S1-7IP 3.4. C(TY-ST-ZIP DELETE Change Addition 4.1 TITLE THUE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 44 CITY-ST-ZIP CITY-ST-ZiP DELETE Change ☐ Addition 5.1 TITLE 1:11 F NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADORESS 5.4 CITY - ST - ZIP COY-ST-7IP DELE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

I do hereby certify that the information supplied with this fling 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 of supplymental annual upon 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 received or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

with an address.

FILED May 12 1997 8:00am Secretary of State