FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 22 AM 9:02

DOCUMENT # P93000051826 (4)

1. Corporation Name
CRYSTAL FISHERIES CORP.

Principal Place of Business	Mailing Address
7215 N.W. 41ST STREET BAY H MIAMI FL 33166	7215 N.W. 41ST STREET BAY H MIAMI FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/19/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0426214 ☐ 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

	2. Principal Place of Business		2a. Mailing Address
21	12703 KITTEN TRAIL	26	12703 KITTEN TRAIL
22	Suite, Apt. #, etc	27	Suite, Apt. #, etc
23	City & State: HUDSON, FLORIDA	28	City & State: HUDSON, FLORIDA
24	Zip: 34669	29	Zip: 34669
25	Country: U.S.A.	30	Country: U.S.A.

9. Name and Address of Current Registered Agent

MACEDO, CARLOS
8870 S.W. 40TH STREET
SUITE 3
MIAMI FL 33165

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 ____________ 6/16/95
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	PD	1.1 TITLE	☒ Change ☐ Addition
NAME	SOARES, SIDNEY	1.2 NAME	
STREET ADDRESS	~~755 ROLLING HILLS DRIVE~~	1.3 STREET ADDRESS	12703 KITTEN TRAIL
CITY-ST-ZIP	~~PALM HARBOR FL 34683~~	1.4 CITY-ST-ZIP	HUDSON FL, 34669
TITLE	VD	2.1 TITLE	☒ Change ☐ Addition
NAME	SOARES, SIDNEY L	2.2 NAME	
STREET ADDRESS	~~755 ROLLING HILLS DRIVE~~	2.3 STREET ADDRESS	12703 KITTEN TRAIL
CITY-ST-ZIP	~~PALM HARBOR FL 34683~~	2.4 CITY-ST-ZIP	HUDSON, FL 34669
TITLE	D	3.1 TITLE	☒ Change ☐ Addition
NAME	SOARES, JUNIA M	3.2 NAME	
STREET ADDRESS	~~755 ROLLING HILLS DRIVE~~	3.3 STREET ADDRESS	12703 KITTEN TRAIL
CITY-ST-ZIP	~~PALM HARBOR FL 34683~~	3.4 CITY-ST-ZIP	HUDSON FL, 34669
TITLE	SD	4.1 TITLE	☒ Change ☐ Addition
NAME	SOARES, SILVIA C	4.2 NAME	
STREET ADDRESS	~~755 ROLLING HILLS DRIVE~~	4.3 STREET ADDRESS	12703 KITTEN TRAIL
CITY-ST-ZIP	~~PALM HARBOR FL 34683~~	4.4 CITY-ST-ZIP	HUDSON, FL 34669
TITLE	TD	5.1 TITLE	☒ Change ☐ Addition
NAME	SOARES, LYNNE	5.2 NAME	
STREET ADDRESS	~~755 ROLLING HILLS DRIVE~~	5.3 STREET ADDRESS	12703 KITTEN TRAIL
CITY-ST-ZIP	~~PALM HARBOR FL 34683~~	5.4 CITY-ST-ZIP	HUDSON FL, 34669
TITLE		6.1 TITLE	D ☐ Change ☒ Addition
NAME		6.2 NAME	MACEDO, CARLOS
STREET ADDRESS		6.3 STREET ADDRESS	8870 S.W. 40th ST. SUITE #3
CITY-ST-ZIP		6.4 CITY-ST-ZIP	MIAMI, FL 33165

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: ____________ CARLOS MACEDO / Sidney Soares 6/16/95 (305)553-2229
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0182289 CP