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**Feb 07 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # P94000014579 (4)

**1. Corporation Name
BLUE MARLINS RESTAURANTE Y PESCADERIA CORP.**



**Principal Place of Business
19650 N.W. 58TH AVE.
MIAMI FL 33015**

**Mailing Address
19650 N.W. 58TH AVE.
MIAMI FL 33015-4906**

**3. Date Incorporated or Qualified
02/22/1994**

**3a. Date of Last Report
02/20/1996**

2. Principal Place of Business

2a. Mailing Address

21 4114 NW 167 ST

26 4114 NW 167 ST

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

22 OPA LOCCA

27 OPA LOCCA FL

23 City & State

28 City & State

23 FLORIDA 33054

28 OPA LOCCA FL

24 Zip

25 Country

29 Zip

30 Country

24 USA

29 33054 30 USA

**4. FEI Number
65-0469195**

**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**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**TEJEIRO, JESUS M
19650 N.W. 58TH AVE.
MIAMI FL 33015**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP**
**PST
TEJEIRO, JESUS M
19650 N.W. 58TH AVE.
MIAMI FL 33015**

**1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP**

**TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP**

**2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP**

**TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP**

**3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP**

**TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP**

**4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP**

**TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP**

**5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP**

**TITLE DELETE
NAME
STREET ADDRESS
CITY - ST - ZIP**

**6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP**

14. I do 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 or changed, or on an attachment with an address.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/27/97 305-6218470
Date Daytime Phone #

CR2E034 (9/96)