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 APR -4 AM 10:39

DOCUMENT # **P94000037218 (2)**

1. Corporation Name
BROOKLYN FISH HOUSE COMPANY

Principal Place of Business	Mailing Address
1401 N.W. 17TH AVENUE MIAMI FL 33173	1401 N.W. 17TH AVENUE MIAMI FL 33173

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/18/1994
3a. Date of Last Report:

2. Principal Place of Business 21:
2a. Mailing Address 26:
Suite, Apt. #, etc. 22:
Suite, Apt. #, etc. 27:
City & State 23:
City & State 28:
Zip 24: Country 25:
Zip 29: Country 30:

4. FEI Number: 65-0511187 ☐ 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

~~DUENYAS, RAUL A~~
1401 N.W. 17TH AVENUE
MIAMI FL 33173

10. Name and Address of New Registered Agent

81 Name: PETER SMOLYANSKI
82 Street Address (P.O. Box Number is Not Acceptable): 1401 N.W. 17TH AVE.
83:
84 City: MIAMI FL 85 Zip Code: 33173

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: P. Smolyanski PRESIDENT (PETER SMOLYANSKI) 2-10-95
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 / NAME / STREET ADDRESS / CITY ST ZIP	TD UZIEL, SCHMUEL 1942 E. 18TH STREET BROOKLYN NY, 11229 RESIGNED FROM THE CORP.	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY ST ZIP	☐ Change ☐ Addition PD PETER SMOLYANSKI 1401 N.W. 17TH AVE MIAMI, FL. 33173
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	SD SHPAK, VICTOR 3115 BRIGHTON 4TH STREET, #3-G BROOKLYN NY 11235	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY ST ZIP	☐ Change ☐ Addition SD SHPAK, VICTOR 3115 BRIGHTON 4TH ST. #3G BROOKLYN, N.Y. 11235
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	VD ~~DUENYAS, RAUL A~~ RESIGNED FROM THE CORP. 15 TEMPLE CT. STATEN ISLAND NY 10314	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY ST ZIP	☒ Change ☐ Addition RESIGNED TO UZIEL SCHMUEL 1942 E 18TH ST. BROOKLYN, NY 11229 RESIGNED
TITLE / NAME / STREET ADDRESS / CITY ST ZIP	PD SMOLYANSKI, PETER 709 N.E. 205TH TERR N. MIAMI BEACH FL 33179	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY ST ZIP	☒ Change ☐ Addition RESIGNED VD DUENYAS, RAUL A 15 TEMPLE CT. STATEN ISL., NY 10314
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY ST ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY ST ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY ST ZIP	☐ Change ☐ Addition

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)(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 attachment with an address.

SIGNATURE: P. Smolyanski (PETER SMOLYANSKI) PRESIDENT 2-10-95 (305) 6516755
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone Number

0121848 CP