

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

DOCUMENT # P94000037915 (3)

1. Corporation Name

GIRALDO SEAFOOD IMPORT AND EXPORT, INC.



Principal Place of Business: **3655 W. 16 AVE. BAY 28 HIALEAH FL 33012**
Mailing Address: **3655 W. 16 AVE. BAY 28 HIALEAH FL 33012**

3. Date Incorporated or Qualified: **05/19/1994**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business: **13913 Crooked Palm Pl.**
2a. Mailing Address: **13913 Crooked Palm Pl.**
21. Suite, Apt #, etc.:
22. City & State: **MIAMI LAKES FL.**
23. Zip: **33014** Country: **US**
24. Zip: **33014** 25. Country: **US** 26. Suite, Apt #, etc.:
27. City & State:
28. Zip: Country:

4. FEI Number: **65-0491188**
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:
GIRALDO, RONALD
3655 W. 16TH AVE. BAY 28
HIALEAH FL 33012

10. Name and Address of New Registered Agent:
81. Name:
82. Street Address (P.O. Box Number is Not Acceptable):
83. City:
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: _____ DATE: _____
Signature typed or printed below of registered agent and if not applicable, of the corporation. (NOTE: Registered Agent signature required when registering.)

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	GIRALDO, RONALD	
STREET ADDRESS	C/O 3566 W. 16TH AVENUE BAY 28	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	GIRALDO, JOHN J	
STREET ADDRESS	C/O 3566 W. 16TH AVENUE BAY 28	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GIRALDO, RONALD	
STREET ADDRESS	C/O 3566 W. 16TH AVENUE BAY 28	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Ronald Giraldo	
1.3 STREET ADDRESS	13913 Crooked Palm Pl.	
1.4 CITY-ST-ZIP	MIAMI, FL 33014	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	John J. Giraldo	
2.3 STREET ADDRESS	13913 Crooked Palm Pl.	
2.4 CITY-ST-ZIP	MIAMI, FL 33014	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Ronald Giraldo	
3.3 STREET ADDRESS	13913 Crooked Palm Pl.	
3.4 CITY-ST-ZIP	MIAMI, FL 33014	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: **X** *[Signature]* DATE: **4/15/96** (205)820-3225
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE #

CR2E034 (12/95)