| Fli  | LE NOW: FILING F  | LE AFIER MAY 1   | 15 \$550.00   | Γ  | FILED  |  |
|--|---|--|---|--|--|--|
|  |   | : C +  | DEPARIMENT OF STATE   | May 14   | 1997 8   | 8.00a  |
|  | JAL REPORT  |  | dra B. Mortham<br>ecretary of State   | _  |  |  |
| 1997   |   | 199 - C. P. T  | N OF CORPORATIONS   | Secretary of State   |  |  |
| -  | MENT # <b>P94C</b><br>Name<br>ALM SEAFOOD, INC.   | 00066682 (   | 3)  |  |  |  |
| D. BOX 2731  | 9 of Business<br>87<br>FL 33427-3187  | Mailing Address<br>P.O. BOX 273187<br>BOCA RATON FL 3  | 3427-3187   |  |  |  |
|  |   | · · · · · · · · · · · · · · · · · · ·  |   | 3. Date Incorporated or Qualified 09/12/1994   | 3a. Date of Lest F<br>02/06/1996   | Teport   |
| Principal Pla  | ace of Business   | 2a. Mailing Address  | S   | 4. FEI Number<br>59-3267228  |  | pplied For<br>ot Applicable  |
| Sulte, Apt. #  | #, etc.   | Suite, Apt. #, et  | C.  | 5. Certificate of Status Desired   | \$8.75   | Additional<br>equired  |
| City & State   | )   | Cily & State   |   | 6. Election Campaign Financing   | \$5.00   | May Be   |
| Zip  | Country   | 28 Zip   | Country   | Trust Fund Contribution 8. This corporation has liability for  |  | to Fees  |
|  | 25<br>9. Name and Address of C  | 29   | 30]   | Florida Statutes   | Yes ! No   | . 100.002,   |
|  | 3 AMBERWOODS DR<br>3A RATON FL 33433  |  | 82 Street Add   | Iress (P.O. Box Number is Not Acceptal   |  | -·   |
| BOC.<br>Pursuant to<br>office or re<br>agent. I am   | A RATON FL 33433  | State of Florida, Such change  | 83<br>84 City<br>Statutes, the above-named cor<br>was authorized by the corpora<br>05, Florida Statutes.  | poration submits this statement for the pation's board of directors. I hereby acce   | FL 85 Zip  | Code<br>its registered<br>s registered   |
| BOC<br>Pursuant to<br>office or re<br>agent. I an<br>SNATURE   | o the provisions of Sections 60<br>gistered agent, or bolth, in the<br>n familiar with, and accept the<br>Stgneture, typed or printed hans of registe | State of Horida, Such change<br>obligations of, Section 607.05<br>red agent and their applicable.  | 83<br>84 City<br>Statutes, the above-named cor<br>was authorized by the corpora<br>05, Florida Statutes.  | poration submits this statement for the p<br>ation's board of directors. I hereby acce   | FL 85 Zip<br>purpose of changing i<br>pt the appointment as  | its registered<br>registered   |
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| BOC<br>Pursuant to<br>office or re<br>agent. I an<br>SNATURE<br>E<br>E<br>AE<br>EET ADDRESS<br>(-ST-ZIP  | A RATON FL 33433  | State of Florida Such change<br>obligations of, Section 607.05<br>red agendand the Lappleable<br>S AND DIRECTORS   | 83       84       City       Statutes, the above-named corverses authorized by the corporation of the | poration submits this statement for the p<br>ation's board of directors. I hereby acce   | FL     85     Zip       purpose of changing i       pointment as       DATE       CERS AND DIRECTOF       Change   | Its registered<br>s registered<br>RS IN 12   |
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| BOC<br>Pursuant to<br>office or re<br>agent. I an<br>BNATURE<br>E<br>RE<br>EET ADDRESS<br>(-ST-ZIP<br>E<br>EET ADDRESS<br>(-ST-ZIP<br>E  | A RATON FL 33433  | State of Florida Such change<br>obligations of, Section 607.05<br>red agent and title if applicable.<br>S AND DIRECTORS  | 83       84       City       Statutes, the above-named corverse authorized by the corporation of the  | poration submits this statement for the pation's board of directors. I hereby acce<br>area when reinstating)<br>ADDITIONS/CHANGES TO OFFIC | FL     85     Zip       purpose of changing i       parte       DATE       CERS AND DIRECTOR       Change  | Its registered<br>s registered<br>RS IN 12   |
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| BOC<br>Pursuant to<br>office or re<br>agent. I an<br>iNATURE<br>E<br>E<br>ET ADDRESS<br>-ST-ZIP<br>E<br>ET ADDRESS<br>-ST-ZIP<br>E<br>ET ADDRESS<br>-ST-ZIP<br>E<br>E<br>ET ADDRESS<br>-ST-ZIP<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E  | A RATON FL 33433  | State of Florida. Such change<br>obligations of, Section 607.05<br>red agent and titlent applicable.<br>S AND DIRECTORS<br>DILET<br>DILET                          | 83       84       City       Statutes, the above-named corverse authorized by the corpore 05, Florida Statutes.       (NOTE Registered Agent signature required)       13.       14. 111LE       1.3 STREE1 ADDRESS       1.4 CITY-ST-ZIP       12       14       15.       16       1.3 STREE1 ADDRESS       1.4 CITY-ST-ZIP       16       2.3 STREE1 ADDRESS       2.4 CITY-ST-ZIP       17       18       3.3 STREE1 ADDRESS       3.4. CITY-ST-ZIP       18       3.3 STREE1 ADDRESS       3.4. CITY-ST-ZIP       18       3.4. CITY-ST-ZIP       19       10       11       11       12       14       17   | poration submits this statement for the pation's board of directors. I hereby acce<br>area when reinstating)<br>ADDITIONS/CHANGES TO OFFIC | FL       85       Zip         purpose of changing i       purpose of changing i         pate       Change         DATE       Change         CERS AND DIRECTOF       Change         Change       Change         V       Change         X       Change         X       X         X       X   | Its registered<br>a registered<br>RS IN 12<br>Addition                                     |
| BOC<br>Pursuant to<br>office or re<br>agent. 1 an<br>SNATURE<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E  | A RATON FL 33433  | State of Florida. Such change<br>obligations of, Section 607.05<br>red agent and titlent applicable.<br>S AND DIRECTORS<br>DILET<br>DILET                          | 83       84       City       Statutes, the above-named corversation of the corporation of the corpora | poration submits this statement for the pation's board of directors. I hereby acce<br>area when reinstating)<br>ADDITIONS/CHANGES TO OFFIC | FL       85       Zip         purpose of changing i       Bate         DATE       Change         CERS AND DIRECTOF       Change         Change       Change         L       Change         L       Change         L       Change         L       Change         L       Change         L       Change  | Its registered<br>registered<br>RS IN 12<br>Addition<br>Addition                           |
| BOC<br>Pursuant to<br>office or re<br>agent. I an<br>SNATURE<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E  | A RATON FL 33433  | State of Florida Such change<br>obligations of, Section 607.05<br>Ed agene and title Lamplealde.<br>S AND DIRE CTORS<br>DELET<br>DELET<br>DELET                    | 83       84       City       Statutes, the above-named corverse authorized by the corpore 05, Florida Statutes.       (NOTE Registered Agent signature required 13.       18       1.1 ITILE       1.2 NAME       1.3 STREET ADDRESS       1.4 CITY-ST-ZIP       18       2.3 STREET ADDRESS       2.4 CITY-ST-ZIP       18       3.3 STREET ADDRESS       3.4. CITY-ST-ZIP       18       19       110       111       111       111       111       12       13       14       13       14       14       15       16       17       17       18       19       19       10       111       111       111       111       111       12       14       111       111       12       14       15       16       17       18       19       110       111       111       12       14 <tr< td=""><td>poration submits this statement for the pation's board of directors. I hereby acce<br/>area when reinstating)<br/>ADDITIONS/CHANGES TO OFFIC</td><td>FL       85       Zip         purpose of changing i       purpose of changing i         pate       Change         DATE       Change         Image       Image         Image       Change         Image       Image         Image</td><td>Its registered<br/>a registered<br/>RS IN 12<br/>Addition</td></tr<>  | poration submits this statement for the pation's board of directors. I hereby acce<br>area when reinstating)<br>ADDITIONS/CHANGES TO OFFIC | FL       85       Zip         purpose of changing i       purpose of changing i         pate       Change         DATE       Change         Image       Image         Image       Change         Image       Image         Image | Its registered<br>a registered<br>RS IN 12<br>Addition                                     |
| BOC<br>Pursuant to<br>office or re<br>agent. I an<br>SNATURE E<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E  | A RATON FL 33433  | State of Florida Such change<br>obligations of, Section 607.05<br>Ed agene and title Lamplealde.<br>S AND DIRE CTORS<br>DELET<br>DELET<br>DELET                    | 83       84       City       Statutes, the above-named corverse authorized by the corpore 05, Florida Statutes.       (NOTE Registered Agent signature required)       13.       14. 111LE       1.3 STREET ADDRESS       1.4 CITY-ST-ZIP       12       14       15       16       1.3 STREET ADDRESS       1.4 CITY-ST-ZIP       16       2.3 STREET ADDRESS       2.4 CITY-ST-ZIP       17       18       3.3 STREET ADDRESS       3.4 CITY-ST-ZIP       18       3.3 STREET ADDRESS       3.4 CITY-ST-ZIP       18       3.1 TITLE       3.2 STREET ADDRESS       3.4 CITY-ST-ZIP       18       3.1 STREET ADDRESS       3.4 CITY-ST-ZIP       19       10       11       11       11       12       14<1  | poration submits this statement for the pation's board of directors. I hereby acce<br>area when reinstating)<br>ADDITIONS/CHANGES TO OFFIC | FL       85       Zip         purpose of changing i       Bate         DATE       Change         CERS AND DIRECTOF       Change         Change       Change         L       Change         L       Change         L       Change         L       Change         L       Change         L       Change  | Its registered<br>registered<br>RS IN 12<br>Addition<br>Addition                           |
| BOC<br>Pursuant to<br>office or re<br>agent. I an<br>SNATURE E<br>E<br>E<br>E<br>E<br>E<br>E<br>ADDRESS<br>(-ST-ZIP<br>E<br>E<br>E<br>E<br>E<br>ADDRESS<br>(-ST-ZIP<br>E<br>E<br>E<br>E<br>E<br>ADDRESS<br>(-ST-ZIP<br>E<br>E<br>E<br>E<br>ADDRESS<br>(-ST-ZIP<br>E<br>E<br>E<br>E<br>E<br>ADDRESS<br>(-ST-ZIP<br>E<br>E<br>E<br>E<br>E<br>ADDRESS<br>(-ST-ZIP<br>E<br>E<br>E<br>E<br>ADDRESS<br>(-ST-ZIP<br>E<br>E<br>E<br>E<br>ADDRESS<br>(-ST-ZIP<br>E<br>E<br>E<br>E<br>ADDRESS<br>(-ST-ZIP<br>E<br>E<br>E<br>E<br>ADDRESS<br>(-ST-ZIP<br>E<br>E<br>E<br>E<br>ADDRESS<br>(-ST-ZIP<br>E<br>E<br>E<br>E<br>ADDRESS<br>(-ST-ZIP<br>E<br>E<br>E<br>E<br>ADDRESS<br>(-ST-ZIP<br>E<br>E<br>E<br>E<br>ADDRESS<br>(-ST-ZIP<br>E<br>E<br>E<br>E<br>ADDRESS<br>(-ST-ZIP<br>E<br>E<br>E<br>E<br>ADDRESS<br>(-ST-ZIP<br>E<br>E<br>E<br>ADDRESS<br>(-ST-ZIP<br>E<br>E<br>E<br>ADDRESS<br>(-ST-ZIP<br>E<br>E<br>E<br>ADDRESS<br>(-ST-ZIP<br>E<br>E<br>E<br>ADDRESS<br>(-ST-ZIP<br>E<br>E<br>E<br>ADDRESS<br>(-ST-ZIP<br>E<br>E<br>E<br>ADDRESS<br>(-ST-ZIP<br>E<br>E<br>E<br>ADDRESS<br>(-ST-ZIP<br>E<br>E<br>E<br>ADDRESS<br>(-ST-ZIP<br>E<br>E<br>E<br>ADDRESS<br>(-ST-ZIP<br>E<br>E<br>E<br>E<br>ADDRESS<br>(-ST-ZIP<br>E<br>E<br>E<br>ADDRESS<br>(-ST-ZIP<br>E<br>E<br>E<br>ADDRESS<br>(-ST-ZIP<br>E<br>E<br>E<br>(-ST-ZIP<br>E<br>E<br>E<br>(-ST-ZIP<br>E<br>E<br>(-ST-ZIP<br>E<br>E<br>(-ST-ZIP<br>E<br>E<br>(-ST-ZIP<br>E<br>E<br>(-ST-ZIP<br>E<br>E<br>(-ST-ZIP<br>E<br>E<br>(-ST-ZIP<br>E<br>E<br>(-ST-ZIP<br>(-ST-ZIP<br>E<br>E<br>(-ST-ZIP<br>(-ST-ZIP<br>(-ST-ZIP<br>(-ST-ZIP<br>(-ST-ZIP<br>(-ST-ZIP<br>(-ST-ZIP<br>(-ST-ZIP<br>(-ST-ZIP<br>(-ST-ZIP<br>(-ST-ZIP<br>(-ST-ZIP<br>(-ST-ZIP<br>(-ST-ZIP<br>(-ST-ZIP<br>(-ST-ZIP<br>(-ST-ZIP<br>(-ST-ZIP<br>(-ST-ZIP<br>(-ST-ZIP<br>(-ST-ZIP<br>(-ST-ZIP<br>(-ST-ZIP<br>(-ST-ZIP<br>(-ST-ZIP<br>(-ST-ZIP<br>(-ST-ZIP<br>(-ST-ZIP<br>(-ST-ZIP<br>(-ST-ZIP<br>(-ST-ZIP<br>(-ST-ZIP<br>(-ST-ZIP<br>(-ST-ZIP<br>(-ST-ZIP<br>(-ST-ZIP<br>(-ST-ZIP<br>(-ST-ZIP<br>(-ST-ZIP<br>(-ST-ZIP<br>(-ST-ZIP<br>(-ST-ZIP<br>(-ST-ZIP<br>(-ST-ZIP<br>(-ST-ZIP<br>(-ST-ZIP<br>(-ST-ZIP<br>(-ST-ZIP<br>(-ST-ZIP<br>(-ST-ZIP<br>(-ST-ZIP<br>(-ST-ZIP<br>(-ST-ZIP<br>(-ST-ZIP<br>(-ST-ZIP<br>(-ST-ZIP<br>(-ST-ZIP<br>(-ST-ZIP<br>(-ST-ZIP<br>(-ST-ZIP<br>(-ST-ZIP<br>(-ST-ZIP<br>(-ST-ZIP<br>(-ST-ZIP<br>(-ST-ZIP<br>(-ST-ZIP<br>(-ST-ZIP<br>(-ST-ZIP<br>(-ST-ZIP<br>(-ST-ZIP<br>(-ST-ZIP<br>(-ST-ZIP<br>(-ST-ZIP<br>(-ST-ZIP<br>(-ST-ZIP<br>(-ST-ZIP<br>(-ST-ZIP<br>(-ST-ZIP<br>(-ST-ZIP<br>(-ST-ZIP<br>(-ST-ZIP<br>(-ST-ZIP<br>(-ST-ZIP<br>(-ST-ZIP<br>(-ST-ZIP<br>(-ST-ZIP<br>(-ST-ZIP<br>(-ST-ZIP<br>(-ST-ZIP<br>(-ST-ZIP<br>(-ST-ZIP<br>(-ST-ZIP<br>(-ST-ZIP<br>(-ST-ZIP<br>(-ST-ZIP<br>(-ST-ZIP<br>(-ST-ZIP<br>(-ST-ZIP<br>(-ST-ZIP<br>(-ST-ZIP<br>(-ST-ZIP<br>(-ST-ZIP<br>(-ST-ZIP<br>(-ST-ZIP<br>(-ST-ZIP<br>(-ST-ZIP) | A RATON FL 33433  | State of Florida Such change<br>obligations of, Section 607.05<br>Ed agest and title if appleable.<br>S AND DIRECTORS<br>DILET<br>DILET<br>DILET<br>DILET<br>DILET | 83       84       City       Statutes, the above-named corvers was authorized by the corpore 05, Florida Statutes.       (NOTE Registered Ageni signature required to the corpore 05, Florida Statutes.       13.       14.       1.1 TILE       1.2 NAME       1.3 STREET ADDRESS       1.4 CITY-ST-ZIP       14.       17.       18.       19.       11.       11.       12.       13.       14.       1.3 STREET ADDRESS       2.4 CitY-ST-ZIP       18.       3.3 STREET ADDRESS       3.4. CitY-ST-ZIP       18.       3.3 STREET ADDRESS       3.4. CitY-ST-ZIP       19.       11.       11.       11.       11.       12.       13.       14.       15.       16.       17.       18.       18.       19.       19.       11.       11.       11.       11.       11.       11.       11.       12.       13.       14.       14.       17.   | poration submits this statement for the pation's board of directors. I hereby acce<br>area when reinstating)<br>ADDITIONS/CHANGES TO OFFIC | FL       85       Zip         purpose of changing i       appointment as         DATE  | its registered<br>a registered<br>IS IN 12<br>Addition<br>Addition<br>Addition<br>Addition |
| BOC<br>Pursuant to<br>office or re<br>agent. I an<br>SNATURE E<br>E<br>E<br>E<br>E<br>ADDRESS<br>(-ST-ZIP<br>E<br>E<br>E<br>ADDRESS<br>(-ST-ZIP<br>E<br>E<br>E<br>E<br>E<br>ADDRESS<br>(-ST-ZIP<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>ADDRESS<br>(-ST-ZIP<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E<br>E   | A RATON FL 33433  | State of Florida Such change<br>obligations of, Section 607.05<br>Ed agene and title Lamplealde.<br>S AND DIRE CTORS<br>DELET<br>DELET<br>DELET                    | 83       84       City       Statutes, the above-named corverse authorized by the corpore 05, Florida Statutes.       (NOTE Registered Agent signature required)       13.       14. 111LE       1.3 STREET ADDRESS       1.4 CITY-ST-ZIP       12       13       14       13. STREET ADDRESS       1.4 CITY-ST-ZIP       14       2.3 STREET ADDRESS       2.4 CITY-ST-ZIP       14       3.3 STREET ADDRESS       3.4. CITY-ST-ZIP       14       11TLE       3.3 STREET ADDRESS       3.4. CITY-ST-ZIP       14       11TLE       4.2 NAME       3.3 STREET ADDRESS       4.4 CITY-ST-ZIP       15       16       5.1 TITLE       5.2 NAME       5.3 STREET ADDRESS       4.4 CITY-ST-ZIP  | poration submits this statement for the pation's board of directors. I hereby acce<br>area when reinstating)<br>ADDITIONS/CHANGES TO OFFIC | FL       85       Zip         purpose of changing i       Bate         DATE       Change         CERS AND DIRECTOF       Change         Change       Change         L       Change         L       Change         L       Change         L       Change         L       Change         L       Change  | Its registered<br>registered<br>RS IN 12<br>Addition<br>Addition                           |
| BOC<br>Pursuant to<br>office or re<br>agent. I an<br>BNATURE   | A RATON FL 33433  | State of Florida Such change<br>obligations of, Section 607.05<br>Eduget and title it appleable.<br>S AND DIRECTORS<br>DILET<br>DILET<br>DILET<br>DILET<br>DILET   | 83       84       City       Statutes, the above-named corvers authorized by the corpore 05, Florida Statutes.       (NOTE Registered Agent signature required to the corpore 05, Florida Statutes.       13.       14.       1.1 TILE       1.2 NAME       1.3 STREET ADDRESS       1.4 CITY-ST-ZIP       22 NAME       2.3 STREET ADDRESS       2.4 CITY-ST-ZIP       15       16       3.3 STREET ADDRESS       3.4 CITY-ST-ZIP       16       3.3 STREET ADDRESS       3.4 CITY-ST-ZIP       17       18       3.3 STREET ADDRESS       3.4 CITY-ST-ZIP       18       4.1 TITLE       4.2 NAME       4.3 STREET ADDRESS       3.4 CITY-ST-ZIP       18       4.4 CITY-ST-ZIP       19       10       11       11       12       14       15       111       4.4 CITY-ST-ZIP       10       11       11       12       14       15       16       17       17       18       19       10  | poration submits this statement for the pation's board of directors. I hereby acce<br>area when reinstating)<br>ADDITIONS/CHANGES TO OFFIC | FL       85       Zip         purpose of changing i       appointment as         DATE  | its registered<br>a registered<br>IS IN 12<br>Addition<br>Addition<br>Addition<br>Addition |