## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000068392

1. Corporation Name

AMERICAN FISHING SUPPLY, INC.

## Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90021 013 \*\*\*150.00



Principal Place of Business Mailing Address							
8373 N.W. 66TH STREET 8373 N.W. 66TH STREET							
MIAMI FL 33126		MIAMI FL 33126		DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualifed		
1					09/16/1994		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	$\Box \Box A$	Applied For
21 82	26 8235 N.			65-0520499	1	Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.			_			\$8.75	Additional
22 27			<del>≠</del> 53	*.= <u> </u>	5. Certificate of Status Desired	Fee F	Required
City & State ,		City & State			6. Election Campaign Financing \$5.00 May Be		
23 MIAMI, FLA		28 MIAMI, FL.			Trust Fund Contribution		to Fees
Zip	Country 915A	Zip	Country	SA	8. This corporation owes the current year Inta	ngible Ves	□No
24 331	23 2	29 33/66 30	<u> </u>	<i></i>	Personal Property Tax.  10. Name and Address of New Registered A		
	9. Name and Address of Current	Registered Agent	81	Name	10. Haille and Address of New Registered	-gont	
RUGGIERO, FABIO C							
1	00 NE 36TH PLACE		82	Street Addre	ss (P.O. Box Number is Not Acceptable)		ነ
MIAMI FL 33139			83				
						<del></del>	
1		·	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							
office or re agent. I ar	egistered agent, or both, in the State o m familiar with, and accept the obligati	ons of, Section 607.0505, Florida	orized by th Statutes.	e corporation	n's board of directors. I hereby accept the appoin	unent as	registered
SIGNATURE	•	7			_		
	Signature, typed or printed name of registered agent		when reinstating) DATE	DIDECT	ODS IN 42		
12.	OFFICERS ANI	D DIRECTORS  DELETE	13.	<del></del>	ADDITIONS/CHANGES TO OFFICERS AN	Change	
TITLE	PD EARIO C	O DETECTS					
NAME	RUGGIERO, FABIO C 20000 NE 36TH PLACE		1.2 NAME	DODGGG			1
STREET ADDRESS			1,3 STREET A				
CITY-ST-ZIP	MIAMI FL 33139 SD	☐ DELETE	1,4 CITY-ST-Z 2,1 TITLE	UP.	***************************************	☐ Change	e [ ] Addition
NAME	RUGGIERO, FABIO C JR		2.2 NAME		·	_ `	_ [
STREET ADDRESS	20000 NE 36TH PLACE		2.3 STREET A	DORESS			
- CITY-ST-ZIP	MIAMI FL 33139	د د د د د	2:4 CITY-ST-		بالمنافئ فالمحافظ المحافظ المعاويا المعاور والما		t.
TITLE	VD	☐ DELETE	3.1 TITLE			☐ Change	■ Addition
NAME	RUGGIERO, MARIA H		3.2 NAME	}			Ì
STREET ADDRESS	20000 NE 36TH PLACE		3.3 STREET A	DDRESS			
CITY-ST-ZIP	MIAMI FL 33139		3.4. CITY- ST-	1			
TITLE	TD	☐ DELETE	4.1 TITLE			☐ Change	■ Addition
NAME	RUGGIERO, RENATO		4. 2 NAME				
STREET ADDRESS	20000 NE 36TH PLACE		4.3 STREET A	DDRESS			
CITY-ST-ZIP	MIAMI FL 33139		4.4 CITY-ST-Z	ZIP			
TITLE		☐ DELETE	5.1 TITLE	- T		☐ Change	e   Addition
NAME	•		5.2 NAME				
STREET ADDRESS			5.3 STREET AL				
CITY-ST-ZIP			5.4 CITY-ST-Z	ZIP		pront pro	
TITLE	•	☐ DELETE	6.1 TITLE	Ì		Change	e 🗌 Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET A	ODRESS			
. 1	1						

14. I 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 if changed, or on an atherchment with an address, with all other like empowered.