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 # P95000021542 (2)

1. Corporation Name

FISHERMAN'S LOG, INC.

Principal Place of Business	Mailing Address
4628 S.W. 10 STREET MIAMI FL 33134	4628 S.W. 10 STREET MIAMI FL 33134

3. Date Incorporated or Qualified: 03/16/1995

3a. Date of Last Report:

4. FEI Number: 65-0588679 ☐ 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

2. Principal Place of Business		**2a.** Mailing Address	
21	7160 RIVERSIDE DRIVE	26	7160 RIVERSIDE DRIVE
22	Suite, Apt. #, etc	27	Suite, Apt. #, etc.
23	City & State: ATLANTA, GEORGIA	28	City & State: ATLANTA, GEORGIA
24	Zip: 30328	29	Zip: 30328
25	Country: USA	30	Country: USA

9. Name and Address of Current Registered Agent

VALLADARES, O. FRANK
2151 LEJEUNE ROAD SUITE 310
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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 ______

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	MASCOIVECCHIO, LOUIS R	
STREET ADDRESS	4628 S.W. 10 STREET	
CITY-ST-ZIP	MIAMI FL 33134	
TITLE	VD	☐ DELETE
NAME	GRANADA, NORBERTO C	
STREET ADDRESS	4628 S.W. 10 STREET	
CITY-ST-ZIP	MIAMI FL 33134	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☒ Change ☐ Addition
1.2 NAME	MASCIOVECCHIO, LOUIS R.	
1.3 STREET ADDRESS	7160 RIVERSIDE DRIVE	
1.4 CITY-ST-ZIP	ATLANTA, GEORGIA 30328	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME	GRANDA, NORBERTO C.	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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: Louis R Masciovecchio — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 6/11/96 Daytime Phone #: 770 396 6691