FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # P95000035962 (6)

HARVEST FRESH FISH & SEAFOOD, INC.

Principal Place of Business Mailing Address

10015 S.W. 79TH AVENUE
MIAMI FL 33156

MIAMI FL 33156



MIAMI FL 33156		MIAMI FL 33156				
					3. Date Incorporated or Qualified 05/08/1995	3a. Date of Last Report
2. Principal Place o	2a. Mailing Address	Mailing Address		4. FEI Number	' Applied For	
21		26		65-0578140	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27			Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28	т		Trust Fund Contribution	Added to Fees
Zip	Country	Zip [29]	30	untry	8. This corporation has liability for in Florida Statutes Yes	
24	25] Name and Address of Current F	L	1301	7	10. Name and Address of New Ro	
5. Hallie drie Hadros of Carrott Higheston Agent				81 Name		
MANA I AIMMAN					· · · · · · · · · · · · · · · · · · ·	
KONG, LAIKWAN 10015 S.W. 79TH AVE.				82 Street Addres	s (P.O. Box Number is Not Acceptabl	e)
MIAMI FL 33156				83		
MIXMI FL 33	3130					
				64 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.						
or registered ag familiar with, an	gent, or both, in the State of Florida. nd accept the obligations of, Section	Such change was authorize 607.0505, Florida Statutes.	d by the	corporation's board	of directors. I hereby accept the appo	intrnent as registered agent. I am
SIGNATURE						
Signati	ure, typied or printed name of registered agent and			d Agent eignature required w		DATE
12.	OFFICERS AND I		13.		ADDITIONS/CHANGES TO OFFI	
TITLE P	LIG IN KWAN	☐ ØELETE		11111.18		Change Addition
NAME KONG, LAI KWAN STREET ADDRESS 10015, S.W. 79AUR				IAME		
				STREET ADDRESS		
	Miami, FL 33151			City-\$1-ZiP		ET 0 ET 4348
TITLE	Market in the second	DEFELE	2.1	- 1		Change Addition
NAME C	CHUNG HING YUEN 10015 5.W 79AVE MIAMI, FL 3315.6			IAME		
STREET ADDRESS /	0015 3.60 7970	. /		STREET ADDRESS		
CHY-ST-ZIP	MIAMI, 76 3313	DELETE		CHTY-ST-ZIP		Change Addition
		L.J DECETE		TITLE t HAMÉ		C Change C Addition
NAME STREET ADDRESS				STREET ADDRESS		
CITY-ST-ZIP				DITY-\$1-7IP		
TITLE		DELETE		TITLE		☐ Change ☐ Addition
NAME				IAME T THE	00000102	"
STREET ADDRESS				STREET ADDRESS	9000018 3 -05/22/96010	28006
CITY-ST-ZIP				CITY-ST-ZIP	***200.00	LO 000
THTLE		DELETE		TITLE	77771.004.00	Change Addition
NAME			5.2 N	NAME		1 (61
STREET ADDRESS			5.3 S	STREET ADDRESS		SIII I MIN I
C1TY - ST - ZIP			5.4 0	DITY - ST - ZIP		
TITLE	ago, agag (gg 1981). In agus an agus abhla agus 1 00 feo agus an an 100 feo 100 feoile an an an 100 feoile an an	DELETE	*****	TOLE		Change Addition
NAME			6.2 N	IAME		
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CITY-ST-ZIP			5.4 C	CITY - S1 - ZIP		
44 1 1 1 5 5 5 5 5 5 5 5 5	Mr. al. a. A. a. C. da a and a a a a a a a a a a a a a a a	also Advantage of sales of the formation	. 1	(-)	the supportion stated in Contine 1101	0.7/01/13 Francis Oxas Ass. 1446 a

4. To 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/5-/96 (954) 454-4044

CR2E034 (12/95)