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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000046650 (4)

BLUE MARLIN FISHERIES, INC.

Principal Place of Business Mailing Address 2851 RAVENSWOOD ROAD 285! RAVENSWOOD ROAD FORT LAUDERDALE FL 33312-4965 FORT LAUDERDALE FL 33312 3. Date Incorporated or Qualified 3a. Date of Last Report 06/12/1995 03/27/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0599460 26 Not Applicable 21 Suite, Apt. #, etc. Suite. Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Required 22 City & State City & State \$5.00 May 8e Election Campaign Financing 23 28 **Trust Fund Contribution** Added to Fees Country Zφ Country Zip This corporation has liability for intangible tax under s. 199.032, ¥¥¥es □ No 24 29 30 Florida Statutes 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name DIEFENBACH, DANIEL D II 2851 RAVENSWOOD ROAD Street Address (P.O. Box Number is Not Acceptable) FORT LAUDERDALE FL 33312 83 84 City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. R2E034 (9/96) Change Addition TITLE DELETE 1.1 TITLE DIEFENBACH, DANIEL D II NAMÉ 1.2 NAME 2851 RAVENSWOOD ROAD STREET ADDRESS 1.3 STREET ADDRESS FORT LAUDERDALE FL 33312 CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CHTY - ST - ZIP DELETE Change Addition TITLE 31 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-SI-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STATE LADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CHY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition 6.1 TITLE THTLE NAME 6.2 NAME

SIGNATURE:

appears in Block 12 or Block 13 if c

STREET ADDRESS

CITY-S1-ZIP

D. DIBFENBACH (LIPRESIDENT) SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

attachment with an address

March 27, 1997

FILED

Apr 04 1997 8:00am

Secretary of State

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP 14. I do 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 of 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

Date

Daytime Phone #