

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

**FILED**

**Apr 14 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000079681 (9)**  
1. Corporation Name  
**UNIVERSAL SEA FOOD IMPORTS, INC.**



Principal Place of Business <b>1318 SOUTHEAST 2ND AVENUE FORT LAUDERDALE FL 33316</b>	Mailing Address <b>1318 SOUTHEAST 2ND AVENUE FORT LAUDERDALE FL 33316-1810</b>
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2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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3. Date Incorporated or Qualified <b>10/17/1995</b>	3a. Date of Last Report <b>03/20/1996</b>
4. FEI Number <b>65-0618642</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**BRADY, JAMES C  
1318 SOUTHEAST 2ND AVENUE  
FORT LAUDERDALE FL 33316**

**10. Name and Address of New Registered Agent**

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83.	
84. City	

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) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE <b>PSTD</b>	<input checked="" type="checkbox"/> DELETE
NAME <b>BRADY, JAMES C</b>	
STREET ADDRESS <b>1318 SOUTHEAST 2ND AVENUE</b>	
CITY-ST-ZIP <b>FORT LAUDERDALE FL 33316</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE <b>Vice President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME <b>BRADY, JAMES C</b>	
1.3 STREET ADDRESS <b>1318 SE 2nd Avenue</b>	
1.4 CITY-ST-ZIP <b>Fort Lauderdale, FL 33316</b>	
2.1 TITLE <b>President/Treasurer</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME <b>DeMELO, ROSA</b>	
2.3 STREET ADDRESS <b>1318 Se 2nd Avenue</b>	
2.4 CITY-ST-ZIP <b>Fort Lauderdale, Florida 33316</b>	
3.1 TITLE <b>Chairman</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME <b>ROMANO, CARMINE N</b>	
3.3 STREET ADDRESS <b>1318 SE 2nd Avenue</b>	
3.4 CITY-ST-ZIP <b>Fort Lauderdale, FL 33316</b>	
4.1 TITLE <b>Vice President/Secretary</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME <b>DeMELO, LINDA</b>	
4.3 STREET ADDRESS <b>1318 SE 2nd Avenue</b>	
4.4 CITY-ST-ZIP <b>Fort Lauderdale, FL 33316</b>	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
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 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]* April 8, 1997 (954) 761-1404  
Date Daytime Phone

CR2E034 (9/96)