SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 AUG 27 PM 12:32

DOCUMENT # **P95000087202 (4)**

1. Corporation Name
SEAFOOD & LOBSTER DEPOT CORP.

Principal Place of Business	Mailing Address
4500 WEST 16TH AVENUE #312 HIALEAH FL 33012	4500 WEST 16TH AVENUE #312 HIALEAH FL 33012

3. Date Incorporated or Qualified: 11/14/1995
3a. Date of Last Report:

2. Principal Place of Business
21: 7145 W 29 Way
Suite, Apt. #, etc. 22:
City & State 23: Hialeah, Fl
Zip 24: 33018 Country 25: Dade

2a. Mailing Address
26: P.O. Box 3812
Suite, Apt. #, etc. 27:
City & State 28: Mia Beach, Fl
Zip 29: 33140 Country 30: Dade

4. FEI Number: 572-31-5369 ☐ 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

9. Name and Address of Current Registered Agent

NEGRETE, ALICE A
4500 WEST 16TH AVENUE
#312
HIALEAH FL 33012

10. Name and Address of New Registered Agent

81 Name: Alice Negrete
82 Street Address (P.O. Box Number is Not Acceptable): 7145 West 29 Way
83
84 City: Hialeah FL 85 Zip Code: 33018

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: Alice Negrete (Signature typed in print by named registered agent and title if applicable) Alice Negrete (Write Registered Agent signature required when reinstating) DATE: 8/22/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D NEGRETE, ALICE A 4500 WEST 16TH AVENUE #312 HIALEAH FL 33012 ☑ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P Negrete Alice A 7145 W 29 Way Hialeah, Fl 33018 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	900001938469 -09/04/96--01109--029 ****175.00 ****175.00 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	900001938469 -09/04/96--01109--030 ****200.00 ****200.00 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition dss

CR2E034 (3/96)

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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Alice Negrete 8/22/96 305-8268843
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0020879 CP