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FILED
May 11 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000001649 (8)

1. Corporation Name

GOLDEN SEAFOOD CORPORATION

Principal Place of Business

Mailing Address

8097 N.W. 67ST
MIAMI FL 33166
US

8097 N.W. 67 ST
MIAMI FL 33166
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/02/1996

4. FEI Number

65-0632008

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 owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 2602 NW 97 AVE
Suite, Apt. #, etc.

2a. Mailing Address

26 2602 NW 97 AVE
Suite, Apt. #, etc.

City & State

23 MIAMI FL 33172

24 33172 25 USA

City & State

28 MIAMI FL

29 33172 30 USA

9. Name and Address of Current Registered Agent

MANERI, CIRO
6995 NW 82ND AVENUE
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name VINCENZO NICOLICCHIA
82 Street Address (P.O. Box Number is Not Acceptable)
4320 NW 107 AVE
83
84 City MIAMI FL 85 Zip Code 33172

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

Vincenzo Nicolicchia
Signature, typed or printed name of registered agent and title, if applicable

VINCENZO NICOLICCHIA PRESIDENT
(NOTE: Registered Agent signature required when reinstating)

04/30/98
DATE

12. OFFICERS AND DIRECTORS

TITLE PTD ☒ DELETE
NAME MANERI, CIRO
STREET ADDRESS 3449 TORREMOLINOS AVE
CITY-ST-ZIP MIAMI FL 33178

TITLE VSD ☐ DELETE
NAME NICOLICCHIA, VINCENZO
STREET ADDRESS 15420 S.W. 75 CIRCLE LANE
CITY-ST-ZIP MIAMI FL 33193

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 PRESIDENT ☒ Change ☐ Addition
1.2 NAME VINCENZO NICOLICCHIA
1.3 STREET ADDRESS 4320 NW 97 AVE
1.4 CITY-ST-ZIP MIAMI FL 33172

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
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

14. I 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:

Vincenzo Nicolicchia
Signature, typed or printed name of registered agent and title, if applicable

CR2E034 (10/97)