

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

FILED

Jan 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000025948 (6)

1. Corporation Name
FISH MIAMI, INC.

Principal Place of Business
1825 PONCE DE LEON BLVD.
SUITE 174
CORAL GABLES FL 33134

Mailing Address
1825 PONCE DE LEON BLVD.
SUITE 174
CORAL GABLES FL 33134-4418



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

3. Date Incorporated or Qualified
03/22/1996

3a. Date of Last Report

4. FEI Number

65-0659526

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

HOFFMAN, FREDERIC A
9400 S. DADELAND BLVD.
SUITE 800
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name Roca, Danielle
82 Street Address (P.O. Box Number is Not Acceptable)
3225 Aviation Ave #500
83
84 City Miami FL 85 Zip Code 33137

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

Danielle Roca

1/9/97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PCD	<input checked="" type="checkbox"/> DELETE
NAME	RODRIGUEZ, PATRICIA	
STREET ADDRESS	9400 S. DADELAND BLVD. #600	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	RODRIGUEZ, TRICIA	
STREET ADDRESS	9400 S. DADELAND BLVD. #600	
CITY-ST-ZIP	MIAMI FL 33156	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	ROCA, CARLOS	
STREET ADDRESS	C/O 1825 PONCE DE LEON BLVD, SUITE 174	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	S	<input type="checkbox"/> DELETE
NAME	SELLERS, DANIELLE	
STREET ADDRESS	C/O 1825 PONCE DE LEON BLVD, SUITE 174	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	SELLERS, FLETA	
STREET ADDRESS	C/O 1825 PONCE DE LEON BLVD, SUITE 174	
CITY-ST-ZIP	CORAL GABLES FL 33134	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	PSDC <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	VTD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	Roca, Danielle
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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:

Carlos G. Roca

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-9-97 305-613-0184

Date Daytime Phone #

CR2E034 (9/96)