

CHEQUE # 1722 \$150.00

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

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90012 011 ***150.00

12-3397-03

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000037184

1. Corporation Name
SEAFOOD INTERNATIONAL TRADING, INC.

Principal Place of Business
3531 N.E. 170 ST.
#305
NORTH MIAMI BEACH FL 33160

Mailing Address
3531 N.E. 170 ST.
#305
NORTH MIAMI BEACH FL 33160

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/30/1996

4. FEI Number
65-0678102
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 the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
21 16300 NE 19 AVE
Suite, Apt. #, etc.

2a. Mailing Address
26 16300 NE 19th Ave
Suite, Apt. #, etc.

22 SUITE 205
City & State

27 SUITE 205
City & State

23 NORTH MIAMI BEACH FL
Zip Country

28 MIAMI FL
Zip Country

24 B31CD 25 USA

29 33160 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MERKIN, STEWART A ESO
RIVERGATE PLAZA, SUITE 300
444 BRICKELL AVENUE
NORTH MIAMI BEACH FL 33160

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTD
NAME HALIWA, MAURICE
STREET ADDRESS 16400 COLLINS AVE. TWR. 4, #2242
CITY-ST-ZIP N MIAMI BEACH FL 33160

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE S
NAME ARFI, ALBERT
STREET ADDRESS 3531 N.E. 170 ST., 305
CITY-ST-ZIP NORTH MIAMI BEACH FL 33160

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE BP
NAME YIP-CHOY, JILL E
STREET ADDRESS 16400 COLLINS AVE. TWR 4, #2242
CITY-ST-ZIP NORTH MIAMI BEACH FL 33160

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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, with all other like empowered.

SIGNATURE:

JILL YIP CHOY

(305) 945-4414

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)