

CHEQUE # 1722 \$150.00
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PROFIT
CORPORATION
ANNUAL REPORT
1999



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

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

02-27-1999 90012 011 ***150.00

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

27 SUITE 205

23 NORTH MIAMI BEACH FL

28 MIAMI FL

24 B 31 CD 25 USA

29 33160 30 USA

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

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

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

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

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JILL YIP CHOY

Date

Daytime Phone #

(305) 945-4414

CR2E034 (11/98)