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Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90197 030 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P96000052278

1. Corporation Name
BAY ISLAND SEAFOOD INC.

Principal Place of Business
18785 NW 62 AVE., APT. 201
HIALEAH FL 33015

Mailing Address
18785 NW 62 AVE., APT. 201
HIALEAH FL 33015

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/19/1996

4. FEI Number

65-0673555

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 **2265 W 9th Ave**

2a. Mailing Address

26 **P.O. Box 171140**

Suite, Apt. #, etc.

22 **Bay #3**

Suite, Apt. #, etc.

27

City & State

23 **Hialeah, FL**

City & State

28 **Hialeah, FL**

Zip

24 **33010**

Country

25 **USA**

Zip

29 **33017**

Country

30 **USA**

9. Name and Address of Current Registered Agent

VEGA, OSCAR A
18785 NW 62 AVE., APT. 201
HIALEAH FL 33015

10. Name and Address of New Registered Agent

81 Name

Vega Oscar A.

82 Street Address (P.O. Box Number is Not Acceptable)

2265 W 9th Ave #3

83

84 City

Hialeah

FL

85 Zip Code

33010

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]

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 ☐ DELETE

NAME **DP**
VEGA, ALICIA
STREET ADDRESS **18785 NW 62 AVE., APT. 201**
CITY-ST-ZIP **HIALEAH FL 33015**

TITLE ☐ DELETE

NAME **DST**
VEGA, OSCAR A
STREET ADDRESS **18785 NW 62 AVE., APT. 201**
CITY-ST-ZIP **HIALEAH FL 33015**

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 ☒ Change ☐ Addition

1.2 NAME **DP**
Vega Alicia
1.3 STREET ADDRESS **3303 SW 173 Tr.**
1.4 CITY-ST-ZIP **Miramar, FL 33029**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME **DST**
Vega Oscar A
2.3 STREET ADDRESS **3303 SW 173 Tr.**
2.4 CITY-ST-ZIP **Miramar, FL 33029**

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)(l), 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]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/99 **(305)887-8111**
Date Daytime Phone #

CR2E034 (11/98)