

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

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May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000060080 (4)

1. Corporation Name

ISLAND FISH MARKET, CO.



Principal Place of Business

25 WEST FLAGLER STREET
SUITE 1019
MIAMI FL 33130

Mailing Address

25 WEST FLAGLER STREET
SUITE 1019
MIAMI FL 33130-1721

3. Date Incorporated or Qualified

07/15/1996

3a. Date of Last Report

4. FEI Number

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

2. Principal Place of Business

2a. Mailing Address

21 11373 S.W. 211 Street
Suite, Apt. #, etc.

26 2545 S. Bayshore Drive
Suite, Apt. #, etc.

22 Bay 25
City & State

27 Apt. 203
City & State

23 Cutler Ridge, Florida
Zip Country

28 Coconut Grove, Florida
Zip Country

24 33190

25 USA

29 33133

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARCUS, SCOTT A
25 WEST FLAGLER STREET
SUITE 1019
MIAMI FL 33130

81 Name

BART F. SHERWOOD

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

2545 S. Bayshore Drive

83

Apt. 203

84 City

Coconut Grove

FL

85 Zip Code
33130

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

4/16/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME SHERWOOD, BART
STREET ADDRESS 25 W FLAGLER ST., STE 1019
CITY-STATE-ZIP MIAMI FL 33130

1.1 TITLE P, V, STD
1.2 NAME SHERWOOD, BART
1.3 STREET ADDRESS 2545 S. Bayshore Drive, Apt. 203
1.4 CITY-STATE-ZIP Coconut Grove, Florida 33130

TITLE V
NAME ZAYDON, LOUIS
STREET ADDRESS 25 W FLAGLER ST., STE 1019
CITY-STATE-ZIP MIAMI FL 33130

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

TITLE STD
NAME MARCUS, SCOTT A
STREET ADDRESS 25 W FLAGLER ST., STE 1019
CITY-STATE-ZIP MIAMI FL 33130

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

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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***165.00

4/16/97

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