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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000068292 (7)
1. Corporation Name
AMERICAN SEAFOOD INTERNATIONAL IMPORT CO.

Principal Place of Business
1429 BLUE ROAD
CORAL GABLES FL 33146

Mailing Address
1429 BLUE ROAD
CORAL GABLES FL 33146-1618

97 OCT 28 AM 9:47

SECRETARY OF STATE
TALLAHASSEE FLORIDA



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/15/1996		3a. Date of Last Report	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-069-3949		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
9. Name and Address of Current Registered Agent MENDIVE, PEDRO P 250 CATALONIA AVENUE STE 705 CORAL GABLES FL 33134				10. Name and Address of New Registered Agent			
				81	Name		
				82	Street Address (P.O. Box or Mailing Address) 3000062982189--7		
				83	City -10/29/97-01031-001		
				84	City ****165.00 ****165.00		
				85	Zip Code FL		

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MENDIVE, PEDRO P	1.2 NAME	
STREET ADDRESS	250 CATALONIA AVENUE STE 705	1.3 STREET ADDRESS	
CITY-ST-ZIP	CORAL GABLES FL 33134	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 _____

CR2E034 (9/96)



AMERICAN SEAFOOD INTERNATIONAL

**P.O. BOX 16-0733
TEL/FAX**

**MIAMI, FLORIDA 33116
305-663-5440**

10-18-97

**FLORIDA DEPARTMENT OF STATE
REF: P960000068292**

AT: ANDY DUNLAP

**ON OR ABOUT APRIL 20TH 1997 WE MAILED OUR CORPORATION ANNUAL REPORT TO
YOUR DEPARTMENT.**

**IT WAS RETURNED TO US SUBSEQUENTLY BECAUSE WE HAD OMITTED SOME OF THE
INFORMATION YOU REQUESTED, THE FEI NUMBER . WE FILLED OUT THE
INFORMATION AND RETURNED THE APPLICATION AGAIN.**

**THE SAME APPLICATION WAS RETURNED TO US WITH THE ENCLOSED LETTER.
BEFORE RETURNING IT AGAIN I CALLED YOUR DEPARTMENT AND SPOKE TO MS.
LESLIE SELLERS WHO TOLD ME TO WRITE THIS EXPLANATION LETTER AND MAIL IT TO
YOU.**

**THE FIRST TIME THIS WAS RETURNED I DID NOT KEEP A COPY OF THE LETTER BUT I
AM DOING SO THIS TIME. WE FEEL WE SHOULD BE MADE TO PAY THE EXTRA PENALTY
BECAUSE WE FILED ON TIME. WE TRAVEL A LOT DUE TO OUR BUSINESS SO EVERY
TIME THE EXCHANGE OF LETTERS HAPPENS SEVERAL WEEKS PASS.**

IF YOU HAVE ANY QUESTIONS PLEASE LET US KNOW.

REGARDS,

PEDRO MENDIVE