

AMENDED REPORT

FILED

Jun 04 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra S. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000082202 (8)
 Corporation Name
CARNIVAL BRAND SEAFOOD COMPANY

Principal Place of Business 101 N FAIRFIELD DRIVE DOVER DE 19901	Mailing Address 101 N FAIRFIELD DRIVE DOVER DE 19901
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Amendment
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 7402 HALSEY ST.		2a. Mailing Address 2407 LAGUNA DRIVE		4. FEI Number 48-1189310		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
City & State SHAWNEE, KS		City & State FORT LAUDERDALE, FL		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
Zip 66216		Country USA		Zip 33316		Country USA	

9. Name and Address of Current Registered Agent FINK, EDWARD R. 2407 LAGUNA DR. FT. LAUDERDALE FL 33316				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 _____ (NOTE: Registered Agent signature required when re-registering) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	NAME ABRAHAMS, DEREK	1.1 TITLE	VP
STREET ADDRESS		1.2 NAME	ABRAHAMS, DEREK
CITY-ST-ZIP		1.3 STREET ADDRESS	A3 POINSETTIA, WEST BAY ROAD
		1.4 CITY-ST-ZIP	GEORGETOWN, GRAND CAYMAN, BVI
TITLE	S	2.1 TITLE	
NAME	FINK, EDWARD R.	2.2 NAME	
STREET ADDRESS	2407 LAGUNA DR. + (POB 6628 FT. LAUD. 33316)	2.3 STREET ADDRESS	PO Box ZIP IS 33346
CITY-ST-ZIP	FT. LAUDERDALE FL 33316	2.4 CITY-ST-ZIP	
TITLE	P	3.1 TITLE	
NAME	FRANK ASARD	3.2 NAME	
STREET ADDRESS	7402 HALSEY STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	SHAWNEE, KS 66216	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	500002555835
STREET ADDRESS		6.3 STREET ADDRESS	-06/11/98--01009--006
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***81.50

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: *[Signature]* May 28, 1998 (954) 524-6289
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0063739