04-30-1999 90141 031 ***158.75

Apr 30, 1999 8:00 am Secretary of State

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000091649

WINSTON EDMAN FISHERIES, INC.

Principal Place of Business		Mailing Address	Mailing Address		1 (66)104) (12)6310 53(1) 55(1) 55(1) 55(1) 55(1) 55(1) 55(1)	
77 NW 135TH STREET MIAMI FL 33138		77 NW 135TH STREET MIAMI FL 33138		DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed	
·					11/07/1996	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
21		26	26		65-0761251	Not Applicable
Suite, Apt. #	t, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional	
22	المالية والمراشيين	27			5. Certificate of Status Desired Fee Required	
City & State	•	City & State			6. Election Campaign Financing	\$5.00 May Be
23	28				Trust Fund Contribution Added to F	
Zip	Country	Zip	Zip Country		8. This corporation owes the current year	Intangible
24	25	29	30		Personal Property Tax.	☐ Yes ☑ No
Name and Address of Current Registered Agent					10. Name and Address of New Register	ed Agent
EDMAN, WINSTON				81 Name		
				82 Street Address (P.O. Box Number is Not Acceptable)		
77 NW 135TH STREET						
MIAMI FL 33138			Ī	83		
			Į.		· · · · · · · · · · · · · · · · · · ·	. 85 Zip Code
1 	÷			84 City	, F	L
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named of portation 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 corporations board of directors. I hereby accept the appointment as registered agent. I am family purpose of the provision of Section 607.0505, Florida Statutes. Ninston						
office or re	gistered agent) or both, in the State	of Florida. Such change was aut	thorized	by he corpor	ation's board of directors. I hereby accept the ap	pointment as registered
	VYVIII Y TY KA	KVVXXXXX		X 40		1440
SIGNATURE	Storewe, youd or printed name of registered to	ent and title if applicable. (NOTE:	Registered A	gent signature requ	Edman DATE	-
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	DELETE 1.1 TITI			☐ Change ☐ Addition
NAME	EDMAN, WINSTON		1.2 NAM	Æ		
STREET ADDRESS	77 NW 135TH STREET		1.3 STR			
CITY-ST-ZIP	MIAMI FL 33138		1.4 CIT	Y-ST-ZIP		
TITLE	T	☐ DELETE	2.1 TITLE			X Change ☐ Addition
NAME 1	DWYER, OVRILL		2.2 NA	Æ .	4. 046.4- 0	tr. 100
STREET ADDRESS	8370 NE 2ND AVENUE		2.3 STF	REET ADDRESS	5580 NE 45 CL Su	
CITY-ST-ZIP	MIAMI FL 33138		2. 4 CI	Y-ST-ZIP	5580 NE 4些ct Su Mianu F1 33137	

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

3.1 TITLE

3.2 NAME 3.3 STREET ADORESS

4.1 TITLE

4. 2 NAME

5.1 TITLE 5.2 NAME

6.1 TITLE 6.2 NAME

3.4. CITY-ST-ZIP

4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADORESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

☐ DELETE

☐ DELETE

DELETE

□ DELETE

SIGNATURE:

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

TITLE

NAME

TITLE

NAME

Addition

☐ Addition

☐ Addition

Addition

☐ Change

Change

☐ Change

☐ Change