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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000094447 (5)

INCOMEX SEAFOOD AND TRADERS INC.

Principal Place of Business

Mailing Address

FILED May 04 1998 8:00am Secretary of State



2479 SOUTHWEST 102 COURT 2479 SOUTHWEST 102 COURT MIAMI FL 33165 **MIAMI FL 33165** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/14/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 Not Applicable 65-0721275 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional \Box 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution 28 Added to Fees Zip Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 30 Personal Property Tax due June 30. ☐ Yes ☐ No 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent A1 Name HERNANDEZ, EDUARDO 2479 SOUTHWEST 102 COURT 62 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33165** 83 84 City 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 Signature, typied or printed name of registered agout and life if applicable Registered Agent signature regu ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. TITLE DELETE 1.1 TITLE Change ☐ Addition HERNANDEZ. EDUARDO NAME 1.2 NAME 2479 SOUTHWEST 102 COURT STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33165** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE 21 TITLE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition Change TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE 6.1 TITLE Change TITLE NAME 6.2 NAME STREET ADORESS 6.3 STREET ADDRESS CITY-ST-ZIP 64 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 Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

(305)599-3172