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May 05 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000101875 (8)

1. Corporation Name
MARLYN FISH RESTAURANT INC.



Principal Place of Business
18591 N.W. 27TH AVENUE
MIAMI FL 33058

Mailing Address
18591 N.W. 27TH AVENUE
MIAMI FL 33056-3104

3. Date Incorporated or Qualified
12/16/1996

3a. Date of Last Report

4. FEI Number
65-0714528

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 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

28 Zip

24 Country

29 Country

30

9. Name and Address of Current Registered Agent

~~RODRIGUEZ, ANTONIO~~
~~18591 N.W. 27TH AVENUE~~
~~MIAMI FL 33058~~

10. Name and Address of New Registered Agent

81 Name
RUBEN SANTANA

82 Street Address (P.O. Box Number is Not Acceptable)
18591 N W 27 AVE

83 MIAMI FL 33056

84 City

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 *Ruben Santana* RUBEN SANTANA 04-26-97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE P/T/D ☐ DELETE

NAME SANTANA, RUBEN

STREET ADDRESS 18591 N W 27 AVE

CITY-ST-ZIP MIAMI FL 33056

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE VP/S/D ☐ DELETE

NAME SANTANA, RUTH M.

STREET ADDRESS 18591 N W 27 AVE

CITY-ST-ZIP Miami, FL 33056

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME =

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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: *Ruben Santana* RUBEN SANTANA 04/09/97 305-430-0191
Signature and typed or printed name of signing officer or director Date Daytime Phone # 0002850

CR2E034 (9/96)