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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000025371 (0)

PERUVIAN SEAFOOD IMPORT & EXPORT, INC.

FILED Apr 02 1998 8:00am Secretary of State



Mailing Address Principal Place of Business 11277 S.W. 161ST PLACE 11277 S.W. 161ST PLACE MIAMI FL 33196 MIAMI FL 33196 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/20/1997 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-073 6297 26 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc. \$8,75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 29 Personal Property Tax due June 30. 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name ALVA, ALEXIS ARNOLD 11277 S.W. 161ST PLACE Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33196 83 84 City 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 Signature, typod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.1 TITLE ARNOLD ALVA. ALEXIS 1.2 NAME NAME 11277 S.W. 161ST PLACE STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33196** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Addition TITL F **VPSD** 21 TITLE Change NAME LLOSA, ALEVXIS 2.2 NAME STREET ADDRESS 16920 SW 92ND AVE. 2.3 STREET ADDRESS **MIAMI FL 33157** CITY-ST-ZIP 2. 4 CITY+ST-ZIP DELETE TITLE 31 TITLE Change ■ Addition **EVPD** NAME ALVA, JOSE ANTONIO 3.2 NAME 11277 S.W. 161ST PLACE 3.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33196** 3.4. CITY - ST - ZIP CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADORESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP Change TITLE DELETE 61 TITLE Addition | NAME 6.2 NAME STREET ADORESS **6.3 STREET ADDRESS** 6.4 CITY - ST - ZIP

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this ennual report or supplemental finual 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 13 if changed, or op an pinchment with an address.

SIGNATURE:

9 (305)3825486