

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

FILED
Apr 06 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000026170**
1. Corporation Name

FISHMAN'S SEAFOOD, INC.

Principal Place of Business Mailing Address
1590 Michigan Avenue #9 **1590 Michigan Avenue #9**
Miami Beach, FL 33139 **Miami Beach, FL 33139**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		3/18/97	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0744334	
24 Country		29 Country		Applied For	
				Not Applicable	
				5. Certificate of Status Desired	
				☐ \$8.75 Additional Fee Required	
				6. Election Campaign Financing	
				☐ \$5.00 May Be Added to Fees	
				7. This corporation owes or has paid the current year Intangible	
				Personal Property Tax due June 30	
				☒ Yes ☐ No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MATTHEW TAMBOR
1590 Michigan Avenue #9
Miami Beach, FL 33139

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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

Signature (typed for printed name of registered agent and fee, if applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	1. Director ☒ DELETE	11 TITLE	P.S.O. ☐ Change ☐ Addition
NAME	Robert Kahn	12 NAME	MATTHEW TAMBOR
STREET ADDRESS	4522 Sheridan Avenue	13 STREET ADDRESS	1590 Michigan Avenue #9
CITY-ST-ZIP	Miami Beach, FL 33140	14 CITY-ST-ZIP	Miami Beach, FL 33139
TITLE	☐ DELETE	21 TITLE	V.T.O. ☐ Change ☐ Addition
NAME		22 NAME	LEOPOLD DOMINIQUEZ
STREET ADDRESS		23 STREET ADDRESS	1590 Michigan Avenue #8
CITY-ST-ZIP		24 CITY-ST-ZIP	Miami Beach, FL 33139
TITLE	☐ DELETE	31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE	☐ DELETE	41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 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:


SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/98 **(305) 538-2773**
Date Daytime Phone

CR2E034 (10/97)