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 # P97000049062 (7)

INTERAMERICA SEAFOOD, INC.

Principal Place of Business

Mailing Address

FILED Mar 20 1998 8:00am Secretary of State



9336 WOODBREEZE BLVD. WINDERMERE FL 34786					9336 WOODBREEZE BLVD. WINDERMERE FL 34786													
												3. Date incorporated or 06/04/1997	OT WRITE Qualified	IN THIS	SPACI	E		
2, Principal Place of Business					2a. Mailing Address							4. FEI Number				Ap	plied For	
21					26							59-3450.	387				t Applicable	
Suite, Apt. #, etc.				2	Suite, Apt. #, etc.							5. Certificate of Status D	esired		\$8.75 Additional Fee Required			
City & State				2	City & State							 Election Campaign Fit Trust Fund Contribution 	-	\$5.00 May Be Added to Fees				
Zip 24	Country 25				Zip Cou 29 30			Coun	untry			8. 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			Ageni	1		
RIV	ERA, SALV	ADO	}	•				E	Ħ	Name								
9336 WOODBREEZE BLVD. WINDERMERE FL 34786								6	12	Street	Addres	s (P.O. Box Number is Not	Acceptat	ole)				
***************************************								E	13									
								E	14	City				FL	85	Zip (Code	
office or re	egi ste red ag	iont, o	f Sections 607. r both, in the Si d accept the ol	tate of FI	lorida	i. Such chang	e was au	thorized	bν	the cord	corpor	ation submits this statements board of directors. I her	nt for the p eby accep	ourpose of	chan ointm	ging it ent as	s registered registered	
SIGNATURE	Creative based		d name of registered		1 1 2 1 2 1 1		MOTE	Decistered 6		-1 -:	an audan at	when reinstating)		DATE				
12.	Signature, typeo	OI PAILUE	OFFICERS				INOTE	13.	(Dei	II EIBIJAIOLA	TEQUITED	ADDITIONS/CHANGES	TO OFFIC		DIRE	CTOR	S IN 12	
TITLE	PSTD					☐ DELI	ETĖ	1.1 1911	E		1	1,001110,011111000					Addition	
NAME	RIVERA,	SAL	/ADOR					1.2 NAM	Ε									
STREET ADDRESS	9336 W	OODE	REEZE BLVD) .				1.3 STRE	ET /	ADDRESS								
CITY-ST-ZIP	WINDER	MERE	FL 34786					1.4 CITY	-ST	- ZIP								
TITLE						DELE	ETE	2.1 TITLE			:	·			C	hange	Addition	
NAME								2.2 NAM	E									
STREET ADDRESS								2.3 STRE	ET A	ADDRESS			- :					
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NAME								5.2 NAM]	
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CITY-ST-ZIP						<u> </u>		6.4 CITY	- \$1	-ZIP	77 20				-16 -1			

I hereby certify that the information supplied with this fling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the informatio 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 recover 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

renew of

2/1/101