1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000058421

1. Corporation Name

FISH CORP.

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90109 002 ***150.00



: .		• • •	:				# 1861(88) (10 16)(1 188)(BB)(1 60)(1 86)(1 86)(1 86)	a) a) a) a) a) a) a	A 11881 1188
	• 16	•	:						
Principal Place	of Business	Mailing	g Address						
12045 N.W. 7Th	H AVENUE :		12045 N.W. 7TH AVENUE				_		
NORTH MIAMI	FL 33168	NORTH	NORTH MIAMI FL 33168				DO NOT WRITE IN THI	S SPACE	
							3. Date Incorporated or Qualifed	,	
			•				07/02/1997		\ -
2. Principal Pl	lace of Business	2a. Ma	ailing Address				4. FEI Number	A	pplied For
21		26	* . *			_	65-0766121		ot Applicable
Suite, Apt.	#, etc.	Sui	ite, Apt. #, etc.				5. Certificate of Status Desired	+	Additional
22		27					0. 00		equired
City & State	0	}	ty & State				6. Election Campaign Financing		May Be
23		28					Trust Fund Contribution		to Fees
Zip	Country	Zip	1		intry		8. This corporation owes the current year I Personal Property Tax.	ntangible Ves	□No
24	9. Name and Address of Curr	29		30	Τ		10. Name and Address of New Registere		
	9. Name and Audress of Curr	ent Registere	u Agent		81	Name	To. Harrie and Fladered St. Herri Hegisters		
ENTIN, RICHARD C									
	I W. OAKLAND PARK BOULE\	/ARD	RD		82	Street Addre	ress (P.O. Box Number is Not Acceptable)		
SUN	IRISE FL				83				
			_						
المنين ستجب		·			84	City	F	85 Zip	Code
11 Pursuant	to the provisions of Sections 607.0	502 and 607.1	508. Florida Statut	es, the a	bove	-named corpo	oration submits this statement for the ournose	of changing its	s registered
office or re	egistered agent, or both, in the Sta m familiar with, and accept the obli	te of Florida. S	Such change was a	uthorized	o by	the corporatio	n's board of directors. I hereby accept the app	ointment as re	egistered
-	in tamiliar with, and accept the obii	gallons or, sec	2001 007.0303, 1 10	ilua Stati	.u.c.s.	•			İ
SIGNATURE	Signature, typed or printed name of registered a	gent and title if appl	licable. (NOTE	Registered	d Agen	t signature required			
12.	OFFICERS A	AND DIRECTO	DRS	13.			ADDITIONS/CHANGES TO OFFICERS		
πιε	D		□ DELETE	1.1 7₹	TLE			☐ Change	Addition
NAME	FISCHER, MICHAEL		· · · · ·	.1.2 N/	AME				
STREET ADDRESS	35D VENETIAN WAY, APT. 1	09		1.3 57	TREET	ADDRESS			
CITY-ST-ZIP	MIAMI BEACH FL 33139			_	ITY-SI	r-ZIP			
TITLE			☐ DELETE	2.1 TT	TLE				
NAME	>						2.1	☐ Change	☐ Addition
STREET ADDRESS				2.2 N			, 244 V	☐ Change	☐ Addition
CONTRACT THE D				2.3 51	TREET	ADDRESS	, 254 V	☐ Change	☐ Addition
CITY-ST-ZIP			The ere	2.3 ST 2.4 C	TREET		. 254 4		
TITLE			☐ DELETE	2.3 ST 2.4 C 3.1 TT	TREET CITY-S TILE			☐ Change	
TITLE NAME			☐ DELETE	2.3 ST 2.4 C 3.1 TT 3.2 N/	TREET STY-S TILE AME	T-ZIP			
TITLE NAME STREET ADDRESS	:		☐ DELETE	2.3 ST 2.4 C 3.1 TT 3.2 N/ 3.3 ST	TREET OTY-S TLE AME TREET	T-ZIP ADDRESS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				2.3 ST 2.4 C 3.1 TT 3.2 N/ 3.3 ST 3.4. C	TREET CITY-S TILE AME TREET CITY-S	T-ZIP ADDRESS		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	·		☐ DELETE	2.3 ST 2.4 C 3.1 TT 3.2 NV 3.3 ST 3.4 C 4.1 Tf	TREET CITY-S TILE TREET CITY-S TILE	T-ZIP ADDRESS			☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	· ·			2.3 ST 2.4 C 3.1 TT 32 NV 3.3 ST 3.4 C 4.1 TT 4. 2 N	TREET CITY-S TREET CITY-S TILE LAME	T-ZIP ADDRESS T-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	:			2.3 S1 2.4 C 3.1 TT 3.2 NV 3.3 S1 3.4 C 4.1 TT 4.2 NV	TREET TILE TREET CITY-S TILE TAME TREET	T-ZIP ADDRESS T-ZIP ADDRESS		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	:		☐ DELETE	2.3 ST 2.4 C 3.1 TT 3.2 NV 3.3 ST 3.4 C 4.1 TF 4.2 N 4.3 ST 4.4 CI	TREET CITY-S TILE TREET CITY-S TILE TREET TREET	T-ZIP ADDRESS T-ZIP ADDRESS		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE				2.3 S1 2.4 C 3.1 TT 3.2 NV 3.3 S1 3.4 C 4.1 TT 4.2 NV	TREET CITY-S TREET CITY-S TREET TREET TREET TREET	T-ZIP ADDRESS T-ZIP ADDRESS		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME			☐ DELETE	2.3 ST 2.4 C 3.1 TT 3.2 NV 3.3 ST 3.4 C 4.1 TT 4.2 N 4.3 ST 4.4 CI 5.1 TT 5.2 NV	TREET THE TREET TREET THE TREET THE TREET TTY-ST TLE TTY-ST TLE AME	T-ZIP ADDRESS T-ZIP ADDRESS		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS			☐ DELETE	2.3 ST 2.4 C 3.1 TT 3.2 NV 3.3 ST 4.1 TT 4.2 N 4.3 ST 4.4 CD 5.1 TT 5.2 NV 5.3 ST	TREET THE TREET TREET THE TREET THE TREET TTY-ST TLE TTY-ST TLE AME	T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ DELETE	2.3 ST 2.4 C 3.1 TT 3.2 NV 3.3 ST 4.1 TT 4.2 N 4.3 ST 4.4 CD 5.1 TT 5.2 NV 5.3 ST	TREET TOTY-S THE TREET TITY-S THE TITY-S	T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS		☐ Change	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE			☐ DELETE	2.3 S1 2.4 C 3.1 TT 3.2 NV 3.3 S1 3.4 C 4.1 TT 4.2 N 4.3 S1 4.4 CI 5.1 TI 5.2 NV 5.3 S1 5.4 CI	TREET TOTY-S TRE TREET TOTY-S TRE TREET TY-S TRE TREET TY-S TRE TREET TY-S TRE TREET TY-S TRE TREET	T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS		☐ Change	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ DELETE	2.3 ST 2.4 C 3.1 TT 32 NV 3.3 ST 4.4 CT 4.3 ST 4.4 CC 5.1 TT 5.2 NV 5.3 ST 5.4 CC 6.1 TT 6.2 NV	TREET TY-S TILE TREET TY-S TILE TREET TY-S TILE TREET TREET TY-S TILE TREET TR	T-ZIP ADDRESS T-ZIP ADDRESS T-ZIP ADDRESS		☐ Change	Addition Addition

Fing does not quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information is report is true and facturate and that my signature shall have the same legal effect as if made under oath; that I am an the stee empowered to execute this report as required by Chapter 607 Florida Statutes; and that my name appears in with an address, with all other like empowered. 14. I hereby certify that the information supplied with the indicated on this annual report or supplemental abordificer or director of the corporation or the recommendation of Block 12 or Block 13 if changed, and the appropriate appropriate the corporation of the corporation or the recommendation of the corporation
SIGNATURE:

NAME OF SIGNING OFFICER OR DIRECTOR