
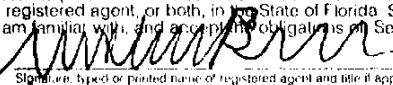


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Apr 01 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000073991 (6) 1. Corporation Name TRIMAR SEAFOOD COMPANY, INC.					
Principal Place of Business 16969 N.W. 67TH AVENUE SUITE 105 MIAMI FL 33015			Mailing Address 16969 N.W. 67TH AVENUE SUITE 105 MIAMI FL 33015		
DO NOT WRITE IN THIS SPACE					
3. Date Incorporated or Qualified 08/25/1997					
2. Principal Place of Business 21 2832 NW 72 Avenue Suite, Apt. #, etc. 22 City & State 23 Miami, FL Zip 24 33122 Country 25 USA		2a. Mailing Address 26 2832 NW 72 Avenue Suite, Apt. #, etc. 27 City & State 28 Miami, FL Zip 29 33122 Country 30 USA		4. FEI Number <input checked="" type="checkbox"/> Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent BEEBE, MICHAEL 16969 N.W. 67TH AVENUE SUITE 105 MIAMI FL 33015			10. Name and Address of New Registered Agent 81 Name MICHAEL BEEBE 82 Street Address (P.O. Box Number is Not Acceptable) 2832 NW 72 Avenue 83 84 City Miami FL 85 Zip Code 33122		
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 my obligations in, Section 607.0505, Florida Statutes. SIGNATURE  DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS TITLE D NAME BEEBE, MICHAEL STREET ADDRESS 16969 N.W. 67TH AVENUE, SUITE 105 CITY-ST-ZIP MIAMI FL 33015 [ ] DELETE TITLE [ ] DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE [ ] DELETE NAME STREET ADDRESS CITY-ST-ZIP 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 Secy/Dir./Treas. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME MICHAEL BEEBE 1.3 STREET ADDRESS 2832 NW 72 Avenue 1.4 CITY-ST-ZIP Miami, FL 33122 2.1 TITLE President/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME TOM WHITE 2.3 STREET ADDRESS 2832 NW 72 Avenue 2.4 CITY-ST-ZIP Miami, FL 33122 3.1 TITLE Vice-President/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 3.2 NAME PHILIP CAHILL 3.3 STREET ADDRESS 2832 NW 72 Avenue 3.4 CITY-ST-ZIP Miami, FL 33122 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

SIGNATURE:

2/19/98

(35) 499-9080

CR2E034 (1097)