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 # P97000073991 (6)

TRIMAR SEAFOOD.COMPANY, INC.

Principal Place of Business	Mailing Address		
16989 N.W. 67TH AVENUE	16969 N.W. 67TH AVENUE		
SUITE 105	SUITE 105		
MIAMI FL 33015	MIAMI FL 33015		

FILED Apr 01 1998 8:00am Secretary of State



MIAMI FL 330	015		MIAMI FL 33015				DO NOT WRITE IN THIS SPACE
							3. Date Incorporated or Qualified 08/25/1997
2. Principal Place of Eusiness 21 2832 NW 72 Avenue 2832 NW 72 Avenue			ıe .		4. FEI Number Applied For Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired Section Section 5. Section Se	
City & State 23 Miami			City & State 28 Miami, FL	·			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution
Zip 331	<u>L</u>	Country USA 25	^{7/p} 33122	30 Co	untry US	Α	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		١.,		10, Name and Address of New Registered Agent
	EBE, MICH/ 969 N.W. 63	ael 7th avenue			81	Name	MICHAEL BEEBE Address (P.O. Box Number is Not Acceptable)
/ SU	IITE 105 Ami FL 330				83	SHEEL !	2832 NW 72 Avenue
· MIN	MMI FL 330	10					
• 					84	City	Miami FL 85 Zip Code 33122
 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 familia; with and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE 							
40	Signature, typed	or printed name of registered agent OFFICERS AND		Register	<u>-</u> -	nt signature	e required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	D	OF ICE INS AND	DELETE		IITLE		Secy/Dir./Treas.
NAME	_	MICHAEL	ت مدروند	- 8	NAME	l	MICHAEL BEEBE
STREET ADDRESS		.W. 67TH AVENUE, S	UITE 105			ADDRESS	2832 NW 72 Avenue
CITY-ST-ZIP	MIAMI F		511 <u>6</u> 100		CITY-S		Miami, FL 33122
TITLE			DELETE	2.11		1-215	Chance 35 Addition (
NAME					VAME		President/Director
STREET ADDRESS						ADDRESS	TOM WHITE 2832 NW 72 Ayenue Miami, FL 33122
CITY+ST-ZIP					CITY-S	1	2832 NW 72 Ayenue Miami, FL 33122
TITLE			DELETE	3.11		,, <u></u>	Vice-President/Director Change Addition
NAME				3.21	NAME		PHILIP CAHILL
STREET ADDRESS				3.3 9	STREET	ADDRESS	
CITY-ST-ZIP				3.4.	CITY-S	T-ZIP	2832 NW 72 Avenue Miami, FL 33122
TITLE			DELETE		ITLE		Change Addition
NAME				4.2	NAME	1	İ
STREET ADDRESS				4.3 \$	STREET	ADDRESS	
CITY-ST-2IP				4.4 (HTY-S	T-ZIP	
TITLE			DELETE		ITLE		Change Addition
NAME				5.21	IAME	[- <u>1</u> 5
STREET ADDRESS				5.3 9	STREET	address	
CITY-ST-ZIP				5.40	CHTY-S	T-ZIP	411
TITLE			DELETE	617	ITLE		400024758@Mhange Addition -04/01/9801079013
NAME				6.21	IAME]	-04/01/9801079013
STREET ADDRESS				6.3 9	STREET	address	***150.00

14. Thereby 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 of 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 changing, or of an attackment of the property of the propert

SIGNATURE:

2/19/98

(3.5) 499- 9080