

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. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000073997 (3)**

1. Corporation Name
OMNIMAR SEAFOOD COMPANY, INC.

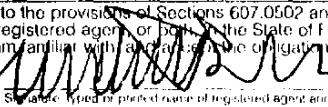


Principal Place of Business 16969 N.W. 67TH AVENUE SUITE 105 MIAMI FL 33015	Mailing Address 16969 N.W. 67TH AVENUE SUITE 105 MIAMI FL 33015
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2832 NW 72 Avenue Suite, Apt. #, etc.		2a. Mailing Address 26 2832 NW 72 Avenue Suite, Apt. #, etc.		3. Date Incorporated or Qualified 08/25/1997	
22 City & State 23 Miami, FL		27 City & State 28 Miami, FL		4. FEI Number <input checked="" type="checkbox"/> Applied For Not Applicable	
24 Zip 33122		29 Zip 33122		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25 Country USA		30 Country USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
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 responsible for the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE 		NOTE: Registered Agent signature required when reinstating		DATE	
12. OFFICERS AND DIRECTORS					
TITLE	D	<input type="checkbox"/> DELETE			
NAME	BEEBE, MICHAEL				
STREET ADDRESS	16969 N.W. 67TH AVENUE, SUITE 105				
CITY-ST-ZIP	MIAMI FL 33015				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	Dir/Secy/Treas. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
1.2 NAME	BEEBE, MICHAEL				
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					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE	100002475561 <input type="checkbox"/> Change <input type="checkbox"/> Addition				
6.2 NAME	-04/01/98--01069--035				
6.3 STREET ADDRESS	***150.00				
6.4 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:  **2/19/98** (305) 499-9080

CR2E034 (1097)