

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 25, 1999 8:00 am**  
**Secretary of State**

04-25-1999 90005 048 \*\*\*300.00

DOCUMENT # P97000073997(J)

1. Corporation Name

OMNIMAR Seafood Company, Inc.

Principal Place of Business

2832 NW 72nd Ave  
MIAMI, FL 33122

Mailing Address

2832 NW 72nd Ave  
MIAMI, FL 33122

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

8/25/97

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 2832 NW 72nd Ave

Suite, Apt. #, etc.

22

City & State

23 MIAMI, FL

Zip

24 33122

Country

25 USA

2a. Mailing Address

26 2832 NW 72nd Ave.

Suite, Apt. #, etc.

27

City & State

28 MIAMI, FL

Zip

29 33122

Country

30 USA

9. Name and Address of Current Registered Agent

Becke, Michael  
2832 NW 72nd Ave.  
MIAMI, FL 33122

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE Director/Sec/Treas. ☐ DELETE

NAME Becke, Michael  
STREET ADDRESS: 2832 NW 72nd Ave  
CITY-ST-ZIP MIAMI, FL 33122

TITLE Director/Pres ☐ DELETE

NAME Tom White  
STREET ADDRESS: 2832 NW 72nd Ave  
CITY-ST-ZIP MIAMI, FL 33122

TITLE Director/VP ☐ DELETE

NAME Philip Cahill  
STREET ADDRESS: 2832 NW 72nd Ave  
CITY-ST-ZIP MIAMI, FL 33122

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas F.X. White

Date

4/1/99

Daytime Phone #

365-499-9080

CR2E034 (1/98)