

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

FILED
Mar 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000074003 (9)**

1. Corporation Name

SHAMROCK 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**

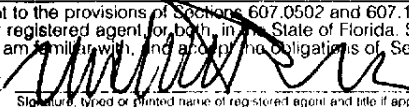


DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 2832 NW 72 Avenue		26 2832 NW 72 Avenue		08/25/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0780385	
City & State		City & State		Applied For	
23 Miami, FL		28 Miami, FL		Not Applicable	
Zip		Zip		5. Certificate of Status Desired	
24 33122		29 33122		<input type="checkbox"/> \$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing	
25 USA		30 USA		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	

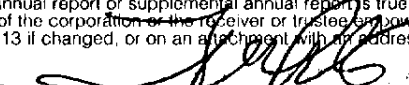
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BEEBE, MICHAEL 16969 N.W. 67TH AVENUE SUITE 105 MIAMI FL 33015				81 Name MICHAEL BEEBE			
				82 Street Address (P.O. Box Number is Not Acceptable) 2832 NW 72 Avenue			
				83			
				84 City Miami FL 85 Zip 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 the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	Secy/Dir/Treas. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEEBE, MICHAEL	1.2 NAME	MICHAEL BEEBE
STREET ADDRESS	16969 N.W. 67TH AVENUE, SUITE 105	1.3 STREET ADDRESS	2832 NW 72 Avenue
CITY-ST-ZIP	MIAMI FL 33015	1.4 CITY-ST-ZIP	Miami, FL 33122
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	President/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	TOM WHITE
STREET ADDRESS		2.3 STREET ADDRESS	2832 NW 72 Avenue
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Miami, FL 33122
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	Vice-President/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	PHILIP CAHILL
STREET ADDRESS		3.3 STREET ADDRESS	2832 NW 72 Avenue
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Miami, FL 33132
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 (10/97)