Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90140 025 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700074003

1. Corporation Name

SHAMRO	OCK SEAFOOD COMPANY,	INC.							
			_					III EARN DANN D	
Principal Place	e of Business	Mailing Address							
2832 NW 72 AVENUE 2832 NW 72 AVENUE								,	
SUITE 405						DO NOT WRIT	F IN THIS S	PACE	
MIAMI FL 33122 MIAMI FL 33122 US US						3. Date Incorporated or Qualifed			
03		00				08/25/1997			Į
0.00		2a. Mailing Address				4. FEI Number		Δn	plied For
	face of Business	⊢				65-0780385		·	Applicable
Suite. Apt.	# ata	26 Suite, Apt. #, etc.	_		_ _	03-0700303		\$8.75 A	
— ''	#, etc.					5. Certifcate of Status Desired		Fee Re	- ,
City & State		City & State				6 Floring Compaign Financing		\$5.00	
	e	⊢				Election Campaign Financing Trust Fund Contribution		Added to	· .
23	Country	Zip	Cour	atry.		8. This corporation owes the curre	mt voor Into		9, 990
Zip		⊢	30	iu y		Personal Property Tax.			□No
24	9. Name and Address of Curren	t Begistered Agent	30			10. Name and Address of New R			
	9. Name and Address of Curren	r Kedistelen Adelir		81 N	Name	to. Hand and Addition of the state of the st			
REE	BE, MICHAEL								
	NW 72 AVENUE			82 8	Street Addre	ess (P.O. Box Number is Not Acceptate	ble)	*	
2032 NW /2 AVENUE			}	83					
	MI FL 33122			83					
MIM	VII FE 33122		ŀ	84 (Dity			85 Zip C	ode
							<u> </u>	Щ	
11. Pursuant office or nagent. La	to the provisions of Sections 607.050; egistered agent, or both, in the State of m familiar with, and accept the obligat	2 and 607.1508, Flonda Statu of Florida. Such change was a tions of, Section 607.0505, Flo	tes, the an iuthorized irida Statu	by the tes.	e corporatio	oration submits this statement for the n's board of directors. I hereby accep	t the appoin	tment as reg	jistered
SIGNATURE	-	AIOT	- Parietered		anahwa radulifac	(when reinstating)	DATE		
	Signature, typed or printed name of registered agen				gnature required	when reinstating) ADDITIONS/CHANGES TO OFF	DATE ICERS ANI	DIRECTO	RS IN 12
12.	OFFICERS AN	D DIRECTORS	13.	Agent siç	gnature required	i when reinstating) ADDITIONS/CHANGES TO OFF		DIRECTO	RS IN 12
12.	OFFICERS AN		13.	Agent siç	gnature required				
12. TITLE NAME	OFFICERS AN SDT BEEBE, MICHAEL	D DIRECTORS	13. 1.1 TITI 1.2 NAI	Agent siç LE ME					
12. TITLE NAME STREET ADDRESS	OFFICERS AN SDT BEEBE, MICHAEL 2832 NW 72 AVENUE	D DIRECTORS	13. 1.1 TIII 1.2 NAI 1.3 STF	Agent siç LE ME REET AD	DORESS				
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6.4 CITY-ST-ZIP 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 ampowered 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 attantement with an address, with all other like empowered.

SIGNATURE:

F SIGNING OFFICER OR DIRECTOR