

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

DOCUMENT # **P98000091452**

1. Corporation Name

**SEAFOOD FINANCIAL CORPORATION**

Principal Place of Business

**848 BRICKELL AVENUE STE. 600A  
MIAMI FL 33131**

Mailing Address

**848 BRICKELL AVENUE STE. 600A  
MIAMI FL 33131**

**FILED**  
**Mar 29, 1999 8:00 am**  
**Secretary of State**

03-29-1999 90086 042 \*\*\*150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**10/27/1998**

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

2a. Mailing Address

**21 3210 TREASURE TROVE LN**  
Suite, Apt. #, etc.

**26 3210 TREASURE TROVE LN**  
Suite, Apt. #, etc.

**22**  
City & State

**27**  
City & State

**23 MIAMI, FL 2**  
Zip Country

**28 Miami, FL**  
Zip Country

**24 33133** **25**

**29 33133** **30**

9. Name and Address of Current Registered Agent

**BEFELER, GEORGE  
100 S.E. 2ND STREET SUITE 3700  
MIAMI FL 33131**

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 ☐ DELETE

**TITLE D**  
**NAME PINEDA, PAMELA**  
**STREET ADDRESS 848 BRICKELL AVENUE STE. 600A**  
**CITY-ST-ZIP MIAMI FL 33131**

**TITLE D**  
**NAME BRILLEMBOURG, DAVID**  
**STREET ADDRESS 848 BRICKELL AVENUE STE. 600A**  
**CITY-ST-ZIP MIAMI FL 33131**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**1.1 TITLE D/P/S** ☒ Change ☐ Addition  
**1.2 NAME Pineda, Pamela**  
**1.3 STREET ADDRESS 3210 TREASURE TROVE Lane**  
**1.4 CITY-ST-ZIP Miami, FL 33133**

**2.1 TITLE D/P/S** ☒ Change ☐ Addition  
**2.2 NAME Brillembourg, David**  
**2.3 STREET ADDRESS 3210 TREASURE TROVE Lane**  
**2.4 CITY-ST-ZIP miami, FL 33133**

**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:

**PAMELA PINEDA**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/23/99**  
Date

**(305) 856-9575**  
Daytime Phone #

CR2E034 (11/98)