2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Apr 25, 2000 8:00 am Secretary of State DOCUMENT # **P99000084220** RIGHT -WAY SEAFOOD CORP. 04-25-2000 90113 020 ***150.00 Mailing Address Principal Place of Business 4160 WEST 16TH AVENUE SUITE 307 3725 NW 167 STREET HIALEAH FL 33012-5853 MIAMI FL 33055 947707 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State City & State 65-0951296 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ALVAREZ, JESUS Street Address (P.O. Box Number is Not Acceptable) 3725 NW 167 STREET **MIAMI FL 33055** Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees \Box (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME JESUS ALVAREZ STREET ADDRESS STREET ADDRESS 1012 E. 19th Street CITY-ST-ZIP CITY-ST-ZIP Hialeah, FL. 33013 Change Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME OSVALDO ARANDA STREET ADDRESS STREET ADDRESS 711 E. 11th PL. CITY-ST-ZIP CITY-ST-ZIP Hialeah, FL. 33010 ☐ Addition Change TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-18-2000

(305) 885-7637

Daytime Phone #