2002 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the receiver or trustee changed, or on an attachment with an addit

SIGNATURE:

Mar 27, 2002 8:00 am **Secretary of State** P99000106014 DOCUMENT # 1. Entity Name 03-27-2002 90072 003 ***150.00 SEAFOOD INTERNATIONAL INVESTMENT INC. Principal Place of Business Mailing Address B0048733 520 BRICKELL KEY DRIVE 520 BRICKELL KEY DRIVE **SUITE 0-305 SUITE 0-305** MIAMI FL 33131 MIAMI FL 33131 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State Applied For 65-0965803 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROJAS, MARCO E Street Address (P.O. Box Number is Not Acceptable) 520 BRICKELL KEY DRIVE **SUITE 0-305 MIAMI FL 33131** Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE ☐ Addition CR2E034 (9/01 GARCIA, HENRY ARTURO NAME NAME 520 BRICKELL KEY DRIVE SUITE 0-305 STREET ADDRESS STREET ADDRESS MIAMI FL 33131 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition ☐ Delete GARCIA, HELMAN EDUARDO NAME NAME STREET ADDRESS 520 BRICKELL KEY DRIVE SUITE 0-305 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 Delete ☐ Change ☐ Addition TITLE TITLE NAME GARCIA, HERNAN NAME STREET ADDRESS 520 BRICKELL KEY DRIVE SUITE 0-305 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33131 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition ROJAS, MARCO NAME STREET ADDRESS 520 BRICKELL KEY DR STE 0-305 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33131 CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. I hereby certify that the information supplied with indicated on this report or supplemental reports incloses not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information ad accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

FILED