

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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SECRETARY OF STATE
TALLahassee, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandwich Skidmore
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S03346** (1)

1. Corporation Name
IMPERIAL SEAFOOD AND MEAT CORPORATION

Principal Place of Business Mailing Address
8360 WEST FLAGLER ST. #200 MIAMI FL 33144

400001437114
-03/22/95--01110--008
****200.00 ****200.00
DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc 26 Suite, Apt. #, etc
22 City & State 27 City & State
23 Zip 24 Country 25 28 Zip 29 Country 30

3. Date Incorporated or Chartered 3a. Date of Last Report
10/02/1990 02/28/1994
4. F.I. Number Applied For Next Assessment
65-0221190
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contributions \$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under S. 199.02, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**RIOS, LUIS O.
2719 NW 24 ST.
MIAMI FL 33142**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Numbers Not Accepted)
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 of person printed name of registered agent and the Applicant or the Registered Agent (if other person other than filer)

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	CHI, LUIS
STREET ADDRESS	8360 W. FLAGLER ST #200
CITY, ST, ZIP	MIAMI FL
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	
1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption provided in Section 110.01, Florida Statutes. I further certify that the information was filed by this agent, officer or supplemental annual report on this date and that any other person shall have the same legal effect as if made by me. I am an officer or director of the corporation or the owner or founder 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 in an attachment with an address.

SIGNATURE: *[Signature]* PRESIDENT **3/13/95** **653 2167**
Signature and printed name of signing officer or director

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED
AMC

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morton
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S07527** (2)
1. Corporation Name
JAMES R. QUICK, D.M.D., P.A.

Principal Place of Business Mailing Address
13889 WELLINGTON TRACE SUITE A-5 WELLINGTON FL 33414 **13889 WELLINGTON TRACE SUITE A-5 WELLINGTON FL 33414**

2. Principal Place of Business 25. Mailing Address
21 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 28
Zip Country Zip Country
24 29 30

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 3a. Date of Last Report
10/15/1990 **06/21/1994**

4. FEI Number Applied For
65-0217231

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 has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**QUICK, JAMES R. D.M.D.
13889 WELLINGTON TRACE
SUITE A-5
WELLINGTON FL 33414**

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City **FL** B5 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 by obligation of, Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* 3-13-95

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	QUICK, JAMES R. D.M.D.
STREET ADDRESS	13889 WELLINGTON TRACE
CITY - ST - ZIP	WELLINGTON FL
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

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

7000001483267
-03/24/95--01073--013
****200.00 ****200.00

TAW
3/22/95

14. I do hereby certify that the information supplied with this filing is truthfully furnished and drawn equally for the incorporation stated in the laws of the State of Florida. I further certify that the information submitted on this annual report is true and correct 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 person or person empowered to make this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or on an attached sheet with address.

SIGNATURE: *[Signature]* 3-13-95 (407) 795-8900

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR