

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 14 AM 8:01

DOCUMENT # S20012 (8)

1. Corporation Name

PACIFIC OCEAN SEAFOOD IMPORTERS AND EXPORTERS, I
NC.

Principal Place of Business

7229 N.W. 56TH ST.
SUITE 5-103
MIAMI FL 33166
US

Mailing Address

7229 NW 56TH ST
SUITE 5-103
MIAMI FL 33166

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

12/19/1990

3a. Date of Last Report

06/21/1994

4. FEI Number

65-0285294

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Trust Fund Contribution

Added to Fees

8. The corporation has liability for intangible tax under S. 109.032,

Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COFINO, PEDRO A.
505 LINCOLN RD
MIAMI BEACH FL 33139

81 Name

COFINO, PEDRO A.

82 Street Address (P.O. Box Number is Not Acceptable)

407 LINCOLN ROAD

83

SUITE 2J

84 City

MIAMI BEACH

FL

85 Zip Code

33139

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 or persons) registered agent and (if applicable)

(NOTE: Registered Agent signature required when renewing)

(DATE)

12. OFFICERS AND DIRECTORS

1. TITLE

P

2. NAME

ALVAREZ, ROBERTO

3. STREET ADDRESS

7358 S.W. 120 COURT

4. CITY-STATE-ZIP

MIAMI FL

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY-STATE-ZIP

MIAMI, FL. 33183

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-STATE-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-STATE-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-STATE-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-STATE-ZIP

14. I, the undersigned, certify that the information supplied with this filing was voluntarily furnished and is true and accurate and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the sole owner or partner empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if applicable, or on an attachment with my address.

SIGNATURE:

SIGNATURE AND PRINTED OR WRITTEN NAME OF SIGNING OFFICER OR DIRECTOR

(Date)

(Signature) (Type name)