

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S20012** (8)

1. Corporation Name

**PACIFIC OCEAN SEAFOOD IMPORTERS AND EXPORTERS, I
NC.**



Principal Place of Business

Mailing Address

**7228 N.W. 56TH ST.
SUITE S-103
MIAMI FL 33166
US**

**7228 NW 56TH ST
SUITE S-103
MIAMI FL 33166**

3. Date Incorporated or Qualified
12/19/1990

3a. Date of Last Report
03/14/1995

2. Principal Place of Business

2a. Mailing Address

21 **7304 NW 34 ST.**

26 **7304 NW. 34 ST.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State
MIAMI FLORIDA

27 City & State
MIAMI FLORIDA

Zip

Country

24 **33122**

25 **U.S.A.**

Zip

Country

29 **33122**

30 **U.S.A.**

4. FEI Number

65-0285294

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COFINO, PEDRO A.
407 LINCOLN RD
STE 2B
MIAMI BEACH FL 33139**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE
NAME **ALVAREZ, ROBERTO**
STREET ADDRESS **7358 S.W. 120 COURT**
CITY-ST-ZIP **MIAMI FL**

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP **MIAMI FLORIDA 33183**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **VICE - PRESIDENT**
2.3 STREET ADDRESS **GONZALO CORRAL**
2.4 CITY-ST-ZIP **7304 NW 34 ST.
MIAMI, FLORIDA 33122**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/96 (305) 994-3535
Date Daytime Phone #

CR2E034 (12/95)