

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 8:32

DOCUMENT # S46659 (6)

1. Corporation Name

SOTRA SEAFOOD, INC.

Principal Place of Business

4240 WESTROADS DR
WEST PALM BCH FL 33407
US

Mailing Address

P O BOX 9204
JUPITER FL 33468
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/19/1991

3a. Date of Last Report

05/01/1994

4. FEI Number

65-0260241

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

7. This corporation has liability for a nonpublic law under G 130.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

P.O. Box 9204

27

Suite, Apt #, etc.

28

City & State

29

Zip

30

Country

Jupiter, FL

33468

U.S.

9. Name and Address of Current Registered Agent

HUMMELSUND, ROLF
4240 WESTROADS DR
WEST PALM BCH FL 33407

10. Name and Address of New Registered Agent

81 Name

Hummelsund, Rolf

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

217 Commodore Dr.

83

84 City

Jupiter

FL

85

Zip Code
33477

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, printed or printed name of registered agent and title of registration

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE

NAME

STREET ADDRESS

CITY ST ZIP

POST
HUMMELSUND, ROLF O.
4240 WESTROADS DR
WEST PALM BCH FL 33407

2. TITLE

NAME

STREET ADDRESS

CITY ST ZIP

3. TITLE

NAME

STREET ADDRESS

CITY ST ZIP

4. TITLE

NAME

STREET ADDRESS

CITY ST ZIP

5. TITLE

NAME

STREET ADDRESS

CITY ST ZIP

6. TITLE

NAME

STREET ADDRESS

CITY ST ZIP

7. TITLE

NAME

STREET ADDRESS

CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. 1. TITLE ☒ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY ST ZIP

217 Commodore Dr.
Jupiter, FL 33477

5. 2. TITLE ☐ Change ☐ Addition

6. NAME

7. STREET ADDRESS

8. CITY ST ZIP

9. 3. TITLE ☐ Change ☐ Addition

10. NAME

11. STREET ADDRESS

12. CITY ST ZIP

13. 4. TITLE ☐ Change ☐ Addition

14. NAME

15. STREET ADDRESS

16. CITY ST ZIP

17. 5. TITLE ☐ Change ☐ Addition

18. NAME

19. STREET ADDRESS

20. CITY ST ZIP

21. 6. TITLE ☐ Change ☐ Addition

22. NAME

23. STREET ADDRESS

24. CITY ST ZIP

25. 7. TITLE ☐ Change ☐ Addition

26. NAME

27. STREET ADDRESS

28. 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 stated in Section 110.07(3)(a), 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 liquidator empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 25 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

5/30/95

(Signature Plate)