

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Jan 30 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # S65384 (7)
1. Corporation Name
LOBSTER TRAP FACTORY & SUPPLY, INC.



Principal Place of Business Mailing Address
1074 NW 22 ST 1074 NE 22ND ST
MIAMI FL 33127 MIAMI FL 33127
US US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1074 NW 22 ST Suite, Apt. #, etc. 22 City & State 23 MIAMI, FL Zip 24 33127 Country 25 US		2a. Mailing Address 26 1074 NW 22 ST Suite, Apt. #, etc. 27 City & State 28 MIAMI FL Zip 29 33127 Country 30 US		3. Date Incorporated or Qualified 07/05/1991	
4. FEI Number 65-0269394		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

FERNANDEZ, ROBERTO
2425 NW 33RD AVE
MIAMI FL 33142

10. Name and Address of New Registered Agent

81 Name RIVERA, LUIS
82 Street Address (P.O. Box Number is Not Acceptable)
1074 NW 22 ST
83
84 City MIAMI FL 85 Zip Code 33127

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

Luis Rivera

(NOTE: Registered Agent signature required when reinstating)

1-20-98

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	FERNANDEZ, ROBERTO	
STREET ADDRESS	201 GALEN DR #311	
CITY-ST-ZIP	KEY BISCAYNE FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	FERNANDEZ, CARMEN M	
STREET ADDRESS	201 GALEN DR #311	
CITY-ST-ZIP	KEY BISCAYNE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RIVERA, LUIS	
1.3 STREET ADDRESS	160 E. 44 ST.	
1.4 CITY-ST-ZIP	HALEAH, FL 33013	
2.1 TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	RIVERA, Emerica	
2.3 STREET ADDRESS	160 E. 44 ST	
2.4 CITY-ST-ZIP	MIAMI, FL 33127	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Luis Rivera

1/20/98 (SAR) VW-9954

CR2E034 (10/97)