SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUL -3 AM 8:24

DOCUMENT # V11636 (0)

1. Corporation Name
FINEST CARIBBEAN SEAFOOD, INC.

Principal Place of Business	Mailing Address
4753 SW 127TH PLACE MIAMI FL 33175	4753 SW 127TH PLACE MIAMI FL 33175

DO NOT WRITE IN THIS SPACE

3 Date Incorporated or Qualified: 02/05/1992	3a Date of Last Report: 04/21/1994
4 FEI Number: 65-0337805	Applied For / Not Applicable
5 Certificate of Status Desired ☐	$8.75 Additional Fee Required
6 ☐	$5.00 May Be Added to Fees
8 This corporation has liability for intangible tax under s. 199 (LG) Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business 21 7337 N.W. 37th Ave	2a. Mailing Address 26 7337 N.W. 37th Ave.
Suite, Apt. # etc. 22 Miami, FL 33147	Suite, Apt. # etc. 27 Miami, FL 33147
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. **Name and Address of Current Registered Agent**

DIAZ, JOSE L
4753 SW 127 PL
MIAMI FL 33175

10. **Name and Address of New Registered Agent**

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 ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES	
TITLE	PSTD	TITLE	☐ Change ☐ Addition
NAME	DIAZ, JOSE L	NAME	
STREET ADDRESS	4753 SW 127 PL	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 above, or on an attachment with an address.

SIGNATURE: [signature] Jose Luis Diaz 6/5/95 305 696-6667
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/95)

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