

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 # **V28249** (3)

1. Corporation Name

**ROYAL SEAFOOD, INC.**



Principal Place of Business

Mailing Address

~~11755 BISCAYNE BLVD.~~ **2740 W. 81 St.** ~~SUITE 401~~ ~~MIAMI FL 33181~~  
**Hialeah, Fl. 33016**

2. Principal Place of Business  
21 **2740 W. 81 St., Hialeah, Fl. 33016**  
Suite, Apt. #, etc.

2a. Mailing Address  
26 **2740 W. 81 St., St. 33016**  
Suite, Apt. #, etc.

22 City & State  
23 **Hialeah, Florida 33016**  
24 Zip 25 Country

27 City & State  
28 **Hialeah, Florida 33016**  
29 Zip 30 Country

3. Date Incorporated or Qualified  
**04/13/1992**

3a. Date of Last Report  
**10/06/1995**

4. FEI Number  
**65-0325704**  
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

**VIVANCO, CARLOS  
11755 BISCAYNE BLVD  
SUITE 401  
MIAMI FL 33181**

81 Name **Vivanco Carlos**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**2740 W. 81st Street**  
83  
84 City **Hialeah, Florida FL** 85 Zip Code **33181**

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 his, if applicable.

(NOTE: Registered Agent's signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PS	<input checked="" type="checkbox"/> DELETE
NAME	VIVANCO, SERGIO	
STREET ADDRESS	11755 BISCAYNE BLVD.	
CITY-ST-ZIP	MIAMI FL 33181	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	VIVANCO, CARLOS	
STREET ADDRESS	11755 BISCAYNE BLVD.	
CITY-ST-ZIP	MIAMI FL 33181	
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		

1.1 TITLE	President	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Vivanco Carlos	
1.3 STREET ADDRESS	2740 W. 81st Street	
1.4 CITY-ST-ZIP	Hialeah, Fl. 33016	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
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 do hereby certify that the information supplied with this filing 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 any attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)