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Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # V35862 (4)

1. Corporation Name: SOLYMAR FISHERIES INTERNATIONAL, INC.



Principal Place of Business: 6974 NW 50TH ST MIAMI FL 33166
Mailing Address: 6974 NW 50TH ST MIAMI FL 33168-5632

3. Date Incorporated or Qualified: 05/13/1992 **3a. Date of Last Report: 04/10/1996**

2. Principal Place of Business **2a. Mailing Address**

4. FEI Number: 65-0330415 **Applied For: Not Applicable**

21. Suite, Apt. #, etc. **26. Suite, Apt. #, etc.**

6. Certificate of Status Desired: **\$8.75 Additional Fee Required**

22. City & State **27. City & State**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

23. Zip **Country** **28. Zip** **Country**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

24. Zip **25. Country** **29. Zip** **30. Country**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LEVI, RAJUNDO C
 LOPEZ LEVI & ASSOCIATES, PA
 815 N.W. 57TH AVE., #304
 MIAMI FL 33126**

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	<input type="checkbox"/> DELETE
NAME	D GONZALEZ, FELIX
STREET ADDRESS	32 APARTARDO
CITY-ST-ZIP	DAVID, PANAMA
TITLE	<input type="checkbox"/> DELETE
NAME	D KRAVITZ, LAURENCE
STREET ADDRESS	331 NW 87TH TER
CITY-ST-ZIP	CORAL SPRINGS 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	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 form 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 amendment with an address.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** **4/2/97** **(305) 593-0100**
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)