

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995. AMOUNT DUE ON OR BEFORE 8/9/94: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 JUL -3 AM 8:28

DOCUMENT # V48103 (8)

1. Corporation Name
HIGH QUALITY SEAFOOD INCORPORATED

Principal Place of Business Mailing Address
14520 GLENCAIRN RD. MIAMI FL 33016

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/06/1992** 3a. Date of Last Report **06/15/1994**

2. Principal Place of Business 26. Mailing Address

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

22. City & State 27. City & State

23. Country 28. Country

24. State 25. Country 29. State 30. Country

4. FEI Number **05-0344753** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Has this corporation ever been dissolved? \$5.00 May Be Added to Fees

7. This corporation has liability for unreported fees under s. 193.012 Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**QUINTANA, OLGA N
14520 GLENCAIRN RD.
MIAMI FL 33016**

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 _____
Signature (Agent or printed name of registered agent and the Corporation) Registered Agent signature required when transferring

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	QUINTANA, JUAN H.
STREET ADDRESS	14520 GLENCAIRN RD.
CITY, ST, ZIP	MIAMI FL 33016
TITLE	VD
NAME	QUINTANA, OLGA N.
STREET ADDRESS	14520 GLENCAIRN RD.
CITY, ST, ZIP	MIAMI FL 33016
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ALL OTHER REGISTERED OFFICERS, DIRECTORS AND SHAREHOLDERS

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(2)(b), 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 on Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *Olga N. Quintana VD.*
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

6-26-95

CR2E034 (3/95)