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 # F96416 (5)

1. Corporation Name

TROPICAL AQUATIC ECOLOGY OF U.S.A.,INC.

Principal Place of Business	Mailing Address
6225 S.W. 127 AVE. MIAMI,FL.33183	6225 S.W. 127 AVE. MIAMI,FL.33183

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt #, etc	27 Suite, Apt #, etc
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

3. Date Incorporated or Qualified
3a. Date of Last Report
4. FEI Number 59-2210435 ☐ 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

81 Name	HERNANDEZ ANDREA C.
82 Street Address (P.O. Box Number is Not Acceptable)	6225 S.W. 127 AVE.
83	
84 City	MIAMI FL
85 Zip Code	33183

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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HERNANDEZ ANDREA C. 6225 SW 127 AVE MIAMI,FL.	[X] Change ☐ Addition
2 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP HERNANDEZ,MARIA 6225 SW 127 AVE MIAMI,FL.	[X] Change ☐ Addition
3 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HERNANDEZ,EDGAR 6225 SW 127 AVE MIAMI,FL.	☐ Change ☐ Addition
4 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C HERNANDEZ,MARGARITA 6225 SW 127 AVE MIAMI,FL.	☐ Change ☐ Addition
5 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	600001742716 -03/14/96--01019--015 ***61.75	☐ Change ☐ Addition
6 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		

CR2E034 (12/95)

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 an attachment with an address.

SIGNATURE: Andrea Hernandez - ANDREA HERNANDEZ (P) 03-10-96 (305) 596 6079
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

[signature] - EDGAR HERNANDEZ (D) 03-10/96 (305) 596 6079

SC 3-13-96