

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Feb 28 1997 8:00am**  
**Secretary of State**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1997**



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  
**6225 S.W. 127TH AVE.  
MIAMI FL 33183**

Mailing Address  
**6225 S.W. 127TH AVE.  
MIAMI FL 33183-1431**

3. Date Incorporated or Qualified  
**09/01/1982**

3a. Date of Last Report  
**02/01/1996**

4. FEI Number  
**59-2210435**

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

9. Name and Address of Current Registered Agent

**HERNANDEZ, ANDREA C  
6225 SW 127TH AVENUE  
MIAMI FL 33183**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HERNANDEZ, ANDREA C</b>	1.2 NAME	
STREET ADDRESS	<b>6225 S.W. 127TH AVE.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33183</b>	1.4 CITY-ST-ZIP	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HERNANDEZ, MARIA</b>	2.2 NAME	<b>V/M</b>
STREET ADDRESS	<b>6225 S.W. 127TH AVE.</b>	2.3 STREET ADDRESS	<b>HERNANDEZ, MARIA</b>
CITY-ST-ZIP	<b>MIAMI FL 33183</b>	2.4 CITY-ST-ZIP	<b>6225 SW. 127TH AVE.</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HERNANDEZ, EDGAR</b>	3.2 NAME	
STREET ADDRESS	<b>6225 S.W. 127TH AVE.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33183</b>	3.4 CITY-ST-ZIP	
TITLE	<b>C</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>HERNANDEZ, MARGARITA</b>	4.2 NAME	<b>T/S/C</b>
STREET ADDRESS	<b>6225 S.W. 127TH AVE.</b>	4.3 STREET ADDRESS	<b>HERNANDEZ, MARGARITA</b>
CITY-ST-ZIP	<b>MIAMI FL 33183</b>	4.4 CITY-ST-ZIP	<b>6225 S.W. 127TH AVE.</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** *[Signature]* **Feb. 21/97** **(305) 596-6679**

\_\_\_\_\_  
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # \_\_\_\_\_

CR2E034 (9/96)