

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

FILED
Feb 05 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M37977** (9)
1. Corporation Name
SCHMALBACH AQUACULTURE, INC.



Principal Place of Business 25225 SW 152 HOMESTEAD FL 33032 US	Mailing Address PO BOX 900739 HOMESTEAD FL 33090 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29		3. Date Incorporated or Qualified 09/05/1986	
4. FEI Number 59-0280191		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		7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent SCHMALBACH, A. ENRIQUE 25225 SW 152ND AVE MIAMI FL 33032				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	
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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 *Eilat Schmalbach* DATE **1/30/98**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition			
NAME	SCHMALBACH, ENRIQUE		1.2 NAME				
STREET ADDRESS	25225 SW 152ND AVE		1.3 STREET ADDRESS				
CITY - ST - ZIP	HOMESTEAD FL		1.4 CITY - ST - ZIP				
TITLE	V	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition			
NAME	SCHMALBACH, EILAT		2.2 NAME				
STREET ADDRESS	25225 SW 152ND AVE		2.3 STREET ADDRESS				
CITY - ST - ZIP	HOMESTEAD FL		2.4 CITY - ST - ZIP				
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition			
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY - ST - ZIP			3.4 CITY - ST - ZIP				
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition			
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY - ST - ZIP			4.4 CITY - ST - ZIP				
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition			
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY - ST - ZIP			5.4 CITY - ST - ZIP				
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition			
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				
CITY - ST - ZIP			6.4 CITY - ST - ZIP				

14. I 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: *Eilat Schmalbach* DATE **1/30/98** 3052465493

CR2E034 (10/97)