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

FILED Feb 13 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # M63025 (4) UNIVERSAL AQUATIC, INC. Principal Place of Business Mailing Address 1861 NE-163 ST 17621 SW 18 ST N MIAMI FL 33162 MIRAMAR FL 33029 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 11/25/1987 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0014836 21 SAME. Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be WIRAMAN 23 Trust Fund Contribution Added to Fees 28 Country Country Zip 8. This corporation owes or has paid the current year Intangible 25 BrownD Personal Property Tax due June 30. X Yes 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent TAO, DUY QUOC 17621 S.W. 18 ST O. Box Number is Not Acceptable) MIRAMAR FL 33029 380V 83 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 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. 84 85 Zip Code SIGNATURE Signature, typed or proted many of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETÉ Change \_\_\_ Addition 1.1 TITLE TITLE TAO, DUY QUOC 1.2 NAME NAME 17621 S.W. 18 STREET 1.3 STREET ADDRESS STREET ADDRESS MIRAMAR FL CITY-ST-ZIP 1.4 CITY - ST - ZIP ☐ DELETE Change ■ Addition TITLE 2 1 TITLE NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CHY-ST-ZIP DELETE Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE

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 13 if changed, or or an attach pilety with an address.

5.2 NAME

6 1 TITLE

62 NAME

DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

Change

Addition

CR2E034