SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P92000011004 (8)**

1. Corporation Name

AQUATIC BIOLOGISTS, INC.

Principal Place of Business	Mailing Address
1279 SEMINOLA BLVD SUITE 181 CASSELBERRY FL 32707 US	1279 SEMINOLA BLVD SUITE 181 CASSELBERRY FL 32707 US

2. Principal Place of Business 21 1279 SEMINOLA BLVD	2a. Mailing Address 26 1279 SEMINOLA BLVD
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23 Casselberry, FL	City & State 28 Casselberry, FL
Zip / Country 24 32707 / 25 SEMINOLE	Zip / Country 29 32707 / 30 SEMINOLE

3. Date Incorporated or Qualified 12/10/1992	3a. Date of Last Report 03/13/1995
4. FEI Number 59-3158080	☐ 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

MOLINA, JULIO M
8614 BRAEKLU WOOD DR.
ORLANDO FL 32829

10. Name and Address of New Registered Agent

81 Name: Luis A. PEREZ
82 Street Address (P.O. Box Number is Not Acceptable): 541-B ALAFAYA WOODS BLVD
83
84 City: OVIEDO FL 85 Zip Code: 32765

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: L. A. P. - Luis A. PEREZ (PRESIDENT) DATE: 6-10-96
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required where indicated.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D,S,T ☑ Change ☐ Addition
NAME	CHARLES, DOUGLAS K	1.2 NAME	CHARLES, DOUGLAS K.
STREET ADDRESS	320 MAC GREGOR RD	1.3 STREET ADDRESS	320 MacGregor Rd
CITY-ST-ZIP	WINTER SPRINGS FL 32708	1.4 CITY-ST-ZIP	WINTER SPRINGS, FL 32708
TITLE	D ☐ DELETE	2.1 TITLE	D,P ☑ Change ☐ Addition
NAME	PEREZ, LUIS A	2.2 NAME	PEREZ, LUIS A
STREET ADDRESS	9213 VENTANA LANE	2.3 STREET ADDRESS	541-B ALAFAYA WOODS BLVD
CITY-ST-ZIP	ORLANDO FL 32825	2.4 CITY-ST-ZIP	OVIEDO, FL 32765
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	

CR2E034 (3/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: L. A. P. - Luis A. PEREZ (407) 696-5777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #