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** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 **DOCUMENT #** P94000023352 (5) QUASI ANGEL FISH FARMS, INC. Mailing Address Principal Place of Business P.O. BOX 63-4541 **6001 NORTHWEST 87 AVENUE** MARGATE FL 33063 BUILDING A & B PARKLAND FL 33134 3a. Date of Last Report 3. Date Incorporated or Qualified 03/28/1994 02/22/1995 4 FELNumber Applied For 2. Principal Place of Business 2a. Mailing Address 65-0482199 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc Suite Apt. #. etc. 5. Certificate of Status Desired Fee Required 27 22 \$5.00 May Be City & State City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s 199 03? Florida Statules Yes No Country Zip Country Zıp 🚺 Yes 🔲 No Florida Statules 30 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent DAW FIRM OF LAWRENCE J. SPIEGEL CHARTERED ress (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE 82 CORAL GABLES FL 33134 84 FURT LAUDER DALE 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 → otij Signature typed or proceding in of regularies agent and the Lappin able (NOTE: Figures d'Agent signature required when recistating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (36/8)13. 12 DELETE 1.1 TITLE TITLE CR2E034 1.2 NAME TIEDER, RICHARD J NAME 1.3 STREET ADDRESS 6001 NORTHWEST 87 AVENUE, BUILDING A & B STREET ADDRESS PARKLAND FL 33134 1.4 C+TY - S? - ZIP CITY - ST - ZIP Change Addition DELETE 21 TITLE TITLE 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY ST-ZIP CITY-ST-ZIP Change Addition DELETE 3 1 111LE TITLE 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. C(TY - S1 - Z)? CITY-ST-ZIP Change Addition DELETE 41 THILE TITLE 4 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - 7IP CITY - ST - 21P Change Addition DELETE 5 I TILLE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 54 CITY - ST - ZIP CITY-ST-ZIP DELETE Addition 61 TITLE TITLE 6.2 NAME NAME \*\*\*225.00 6 3 STREET ADDRESS STREET ADDRESS 64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and foes not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes I further certify that the information indicated on this agricular 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 the corporation or the receiver of ustee empowered to execute this report as required by Chapter 617. Florida Statutes, and that my name appears in B-ock 12 or Brock 13 if changed, or on an attachment was an address.

SIGNATURE:

SIGNATURE AND TYPED O

RINTED HOLME OF SIGNING OFFICER OR DIRECTOR

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