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

PROFIT CORPORATION **ANNUAL REPORT**

1997



Sandra B. Mortham

Socretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000049136 (2)

U.S. TROPICAL FISH INC.

Principal Place of Business

Mailing Address

2200 W. 77TH STREET

2290 W 77TH STREET

FILED May 16 1997 8:00am Secretary of State



HIALEAH FL 33018				HIALEAH FL 33016-1866						
							3. Date Incorporated or Qualified 06/29/1994	3a. Date of Last Report 03/21/1996		
2. Principal Place of Business			2a. Mailing	J Address			4. FEI Number	7 77.5		Applied For
1			26	26			65-0501618			Not Applicable
Sulte, Apt. #, etc.			<u> </u>	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional Required
City & State			City 8	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip	Country		Zip	Zip Coun		у	8. This corporation has liability for inta			
4	25 25	Address of Curre	29 nt Registered A	aeni	30		Florida Statutes 10. Name and Address of New Re		_	
GAN	IGUZZA, JOSEF		The glatered A	9011	8	Name	IV. Isame and Address of New No.	gistered /	- Sour	
44 W. FLAGER ST.						L				
14TH FLOOR					8:	Street A	dress (P.O. Box Number is Not Acceptab	ole)		
	VII FL 33130				8:	·				
mics	WI FE 33 130				["	1				
					8	1 City		FL	85 Zi	p Code
44 Qurayant	to the provinions	of Continue CO7 ()(02 ned 007 1606	Liorida Cint	dee the inte	- Domod a	orporation submits this statement for the paration's board of directors. I hereby accept			ilo sociatatos
	Signature, typed or pair	nted name of rug stered ag		ok (NC		gent signature re	guired when refusiating)	DATE.	<u>-</u>	
12.	- BB	OFFICERS AN	ND DIRECTORS		13.	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFIC	ERS AND		
TITLE	PD	VADT7		☐ DELETE	1.1 TITLE				Change	e 🔲 Additio
NAME	ADOLF SCHV				1.2 NAME	1				
STREET ADDRESS	2290 W. 77TI				1.3 BTHE	T ADDRESS				
CITY-ST-ZIP	HIALEAH FL	33010		-	1.4 DrTY-	S1-ZIP				··
TITLE	VP ALEXSHANDF	or rotion		DELETE	2.1 TITLE				☐ Change	Addilio
NAME			*	2.2 NAME	1					
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NAME					4 2 NAM	1				
					4 3 S1RE	1 ADDRESS				
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CITY-ST-ZIP TITLE NAME				DELETE	5.1 TITLE 5.2 NAME	\$1-7IP			☐ Change	: Addition
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NAME Street address City-St-Zip					5.1 THLE 5.2 NAME 5.3 STREE 5.4 OHY	S1-ZIP 1 ADDRESS S1-ZIP				
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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 eath; 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 18 if changed, orion an attachment with arranderss.