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PROFIT CORPORATION **ANNUAL REPORT**

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

P94000049136 (2) DOCUMENT #

U.S. TROPICAL FISH INC.

FILED Apr 29 1998 8:00am Secretary of State



Mailing Address Principal Place of Business 2290 W. 77TH STREET 2290 W. 77TH STREET HALEAH FL 33016 HIALEAH FL 33016 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/29/1994 4. FEI Number Applied For 2. Principal Place of Business 2a. Mailing Address Not Applicable 65-0501618 26 21 \$8.75 Additional Sulte, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zip Country 8. This corporation owes or has paid the current year Intangible Zip Personal Property Tax due June 30. ☐ Yes □ No 24 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 GANGUZZA, JOSEPH 44 W. FLAGER ST. Street Address (P.O. Box Number is Not Acceptable) 82 14TH FLOOR 83 **MIAMI FL 33130** Zip Code 84 City 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 lamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. Change Addition DELETE 11 TITLE TITLE **ADOLF SCHWARTZ** 12 NAME NAME 2290 W. 77TH STREET 1.3 STREET ADDRESS STREET ADDRESS HIALEAH FL 33016 CITY-ST-ZIP 1.4 CITY-ST-ZIP ☐ Change Addition DELETE 21 TITLE TITLE PHILOP GREENBAUM 2.2 NAME NAME 2290 W 77 ST 2.3 STREET ADDRESS STREET ADDRESS HIALEAH FL 33016 2.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 3.1 TITLE TITL F 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 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 reports 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 of the receiver of trustic empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes for the corporation of the corpor

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