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 1996 DIVISION OF CORPORATIONS **DOCUMENT #** P94000059141 (9) DELTA AQUARIUM, INC. Principal Place of Business Mailing Address 9905 SW 125 AVE. 9905 SW 125 AVE. MIAM! FL 33186 MIAMI FL 33186 3. Date Incorporated or Qualified 3a. Date of Last Report 08/10/1994 2. Principal Place of Business 08/30/1995 2a. Mailing Address 4. FEI Number ✓ Applied For Not Applicable 21 26 65-0602881 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 22 5. Certificate of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing 23 \$5.00 May Be 28 Trust Fund Contribution Added to Fees Zιρ Country Zip Country 8. This corporation has liability for intangible tax under s 199 032 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 ELIAS, BLAS R 9905 S.W. 125TH AVE. 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33186** 83 City 85 Zip Code 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. I am familiar with, and accept the obligations of Section 607.0505. Florida Statutes SIGNATURE Signature, type for printer impose of registered agent and trip it appreciates (NOTE: Registered Agent signature required when reincluting) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD (36/8)DELETE 11 TITLE Change Addition NAME ELIAS, BLAS R 1.2 NAME 6013 S.W. 128 CT. CR2E034 STREET ADDRESS 1.3 STREET ADDRESS MIAM! FL 33183 CITY-ST-ZIF 1.4 C/TY - \$1 - ZIP TITLE SD DELETE 21 TIFLE Change Addition GARCIA, ROLANDO NAME 2.2 NAME STREET ADDRESS 467 WEST 43RD PL 23 STREET ADDRESS MIAMI FL 33012 CITY-ST-ZIP 2 4 CITY - ST - ZIP TITLE DELETE 31 TITLE Change Addition NAME ELIAS, SILVIA M 32 NAME STREET ADDRESS 7832 COLLINS AVE. # 307 3.3 STREET ADDRESS **MIAMI FL 33141** CITY - ST - ZIP 3 4 CITY-ST-ZIP TITLE DELETE 41 TITLE Change Addition NAME ELIAS, TERESITA E 4 2 NAME STREET ADDRESS 6013 SW 128 CT. 4 3 STREET ADDRESS CITY - ST - ZIP MIAMI FL 33183 4 4 CITY - ST - 2IP TITLE DELETE 5.1 DOE Change Add-tion NAME 5.2 NAME STREET ADDRESS 5.3 STREET ACKIDEESS 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 64 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filing is voluntarity up further certify that the information indicated on this annual report or supplier made under eath, that I am an officer or director of the corporation in the receipth that my name appears in Block 12 or Block 13 if changed, or on an attachinen. iished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes, I italyannual report is true and accurate and that my signature shall have the same logal effect as it var or truster empowered to execute this report as required by Chapter 617, Florida Statutes, and BLAS RIELIAS SIGNATURE:

SIGNATURE AND TYPED OR PRINTED

(305)279-5722