

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P94000059141

1. Corporation Name  
DELTA AQUARIUM, INC.

Principal Place of Business

Mailing Address

9905 SW 125 AVE.  
MIAMI FL 33186

9905 SW 125 AVE.  
MIAMI FL 33186

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 OCT -5 PM 3:57



REINSTATEMENT 99

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

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25

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30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/10/1994

4. FEI Number

65-0602881

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year

Intangible Personal Property.

☐

Yes ☐ No

ELIAS, BLAS R  
9905 S.W. 125TH AVE.  
MIAMI FL 33186

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME ELIAS, BLAS R  
STREET ADDRESS 6013 S.W. 128 CT.  
CITY-STATE-ZIP MIAMI FL 33183

TITLE SD ☐ DELETE

NAME GARCIA, ROLANDO  
STREET ADDRESS 487 WEST 43RD PL.  
CITY-STATE-ZIP MIAMI FL 33012

TITLE D ☐ DELETE

NAME ELIAS, SILVIA M  
STREET ADDRESS 7832 COLLINS AVE. # 307  
CITY-STATE-ZIP MIAMI FL 33141

TITLE D ☐ DELETE

NAME ELIAS, TERESITA E  
STREET ADDRESS 6013 SW 128 CT.  
CITY-STATE-ZIP MIAMI FL 33183

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-STATE-ZIP

TITLE

NAME

STREET ADDRESS

CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-STATE-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-STATE-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-STATE-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-STATE-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-STATE-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-STATE-ZIP

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-10/06/99--01060--017  
\*\*\*\*\*750.00 \*\*\*\*\*750.00

BR 10/5

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

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)