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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 DOCUMENT # P95000029460 (9)

FILED Mar 03 1998 8:00am Secretary of State

CREW	ri Name AQUARIAI		10029	460 (9))			;		an (8))! A18JA	aun a	6 10 1 86 1	
											Ш		
Principal Place	e of Business		Maibr	g Address					-	TLO HONN BIGIO	0 1(0) 0 1		
1350 N.E. 119	9TH ST.		1350	1350 N.E. 119TH ST.									
#21	• • • • • • • • • • • • • • • • • • • •		#21										
MIAMI FL 331	161		MIAL	MIAMI FL 33161					DO NOT WRITE IN THIS SPACE				
									3. Date Incorporated or Qualified				
2. Principal P	lace of Busin	OCC	1 2a M	20. Mailing Address					04/10/1995 4. FEI Number		Annli	ad Far	
21	iace or pusiti	U55	n	26					65-0569702			ed For opticable	
Suite, Apt	#, etc.			Suite, Apt. #, etc.						\$8.75			
22			h1	27					5. Certificate of Status Desired		Requi		
City & Stale	e			City & State					6. Election Campaign Financing	\$5.0	Ом	av Be	
23			28	28					Trust Fund Contribution		d to F		
Zip	Zip Country						Country		8. This corporation owes or has paid the co				
24 25			29						Personal Property Tax due June 30.	Yes		No.	
		and Address of Curr	ent Register	ed Agent		81	Name		10. Name and Address of New Registered	Agent			
	ILEY, WINS					וים	Name						
	50 N.E. 119	TH ST.					Street A	Addre	ss (P.O. Box Number is Not Acceptable)	_			
#2													
MIAMI FL 33161													
						84	City		FI	85 Zi	p Coc	de	
11. Pursuant	to the provisi	ons of Sections 607.0	502 and 607.	1508. Florida Statu	utes, the at	DOVE	a-named	corpo	ration submits this statement for the purpose	of changing	a its m	egistered	
office or t	registered ago	ent, or both, in the Sta	te of Florida.	Such change was	authorized	d by	the corp	oratio	on's board of directors. I hereby accept the ap	pointment	ás reç	gistered	
SIGNATURE		1. Ship accept the object	3		ionaa btat	utos	•		Z- %	g -90	·		
	Signature typed	or printed name of regularida				i Age	nt signature	required	d when reinstating) DATE				
12.	DAN	OFFICERS A	ND DIRECTO		13.				ADDITIONS/CHANGES TO OFFICERS AN				
TITLE	PSD	14.01.10.7.A.1.4.1				1.1 TITLE				L Change	5 F	Addition	
NAME							1.2 NAME						
STREET ADDRESS	1015141 Pt 00404			1			1.3 STREET ADDRESS						
CITY-ST-ZIP	MIAMI FI	L 33161					1 4 CITY-ST-ZIP 2.1 TITLE			Chang		Addition	
TITLE NAME	BAHEV	ANNETTE E					2.3 THLE 2.2 NAME			tana orangi	. L	AGGIOGII	
	BAILEY, ANNETTE E DRESS 1350 N.E. 119TH ST., #21						2.3 STREET ADDRESS						
44444 61 00464							2.4 CITY-ST-ZIP						
CITY-ST-ZIP TITLE	THINNI FI	<u> </u>		DELETE			3.1 TITLE			Change	e T	Addition	
NAME						3.2 NAME					-		
STREET ADDRESS							ADDRESS					ų.	
CITY-ST-ZIP					3.4. C								
TITLE				DELETE 411						Change	e [Addition	
NAME					4 2 N	AME	i			•		ĺ	
STREET ADDRESS					1		ADDRESS						
CITY-ST-ZIP					4.4 CI		1						
TITLE				DELETE	51 Tr					Change	e [Addition	
NAME					5.2 NA	ME							
STREET ADDRESS					5.3 ST	REET	address						
CITY-ST-ZIP					5.4 CI	TY-S	t - Z(P						
TITLE				DELETE	6.1 T(ILE				Change	е [Addition	
NAME					6.2 NA	ME							
STREET ADDRESS					6.3 STREET ADDRESS								
CITY-ST-ZIP	1				64 CI	TY-S	T- ZIP						

14. Thereby 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 changet. On an all schment with an address

SIGNATURE:

2-23-98