

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
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sanjiv B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000050021 (1)

1. Corporation Name

PISCICULTURE MARINE USA, INC.



Principal Place of Business

Mailing Address

4020 N.E. 10TH WAY
POMPANO BEACH FL 33064

4020 N.E. 10TH WAY
POMPANO BEACH FL 33064

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/27/1995		3a. Date of Last Report	
21		26		4. FEI Number 65-0592436		Applied For Not Applicable	
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	City & State	28	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Zip	25	Country	29	Zip	30	Country
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

KLISTON, TODD W
8211 W. BROWARD BLVD.
SUITE 375
PLANTATION FL 33324

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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 of representative

(NOTE: Registered Agent signature required when reestablishing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	P/S/T
NAME	ROCHAT, PIERRE	1.2 NAME	
STREET ADDRESS	2501 SEA ISLAND DRIVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	FT. LAUDERDALE FL 33301	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	
NAME	POCOCK, NEIL	2.2 NAME	
STREET ADDRESS	431 SANAMRICO DRIVE	2.3 STREET ADDRESS	
CITY - ST - ZIP	FT. LAUDERDALE FL 33301	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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070996 OR

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13. If changed, on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/27/96

Date

Daytime Phone

CR2E034 (3/96)