

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED

Jul 23 1998 8:00am  
 Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P95000089809 (4)

1. Corporation Name  
 ALTRIX SEAFOOD, INC.



Principal Place of Business: 999 PONCE DE LEON BLVD. SUITE 525 CORAL GABLES FL 33134  
 Mailing Address: 999 PONCE DE LEON BLVD. SUITE 525 CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 210 Montezuma Suite, Apt. #, etc. Santa Fe, NM 87501  
 2a. Mailing Address: 210 Montezuma Suite, Apt. #, etc. Santa Fe, NM 87501

3. Date Incorporated or Qualified: 11/27/1995  
 4. FEI Number: 65-0627066  
 5. Certificate of Status Desired: \$8.75 Additional Fee Required  
 6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees  
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes [X] No [ ]

9. Name and Address of Current Registered Agent: THAGGARD, JOE H 999 PONCE DE LEON BLVD. SUITE 525 CORAL GABLES FL 33134

10. Name and Address of New Registered Agent: Stuart Ames 2200 Museum Tower 150 West Flagler St. Miami FL 33130

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: Stuart Ames (typed name) [Signature] (Registered Agent signature required when reinstating) DATE: 7/20/98

12. OFFICERS AND DIRECTORS

TITLE	PD	DELETE
NAME	THAGGARD, JOE	
STREET ADDRESS	999 PONCE DE LEON BLVD. #525	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	VSD	DELETE
NAME	THAGGARD, MERCEDES H	
STREET ADDRESS	999 PONCE DE LEON BLVD. #525	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		Change [X] Addition [ ]
1.2 NAME	Thaggard, Joe	
1.3 STREET ADDRESS	96 Dunlap Arrow	
1.4 CITY-ST-ZIP	Santa Fe, NM 87501	
2.1 TITLE		Change [X] Addition [ ]
2.2 NAME	Thaggard, Mercedes	
2.3 STREET ADDRESS	96 Dunlap Arrow	
2.4 CITY-ST-ZIP	Santa Fe, NM 87501	
3.1 TITLE		Change [ ] Addition [ ]
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		Change [ ] Addition [ ]
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		Change [ ] Addition [ ]
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		Change [ ] Addition [ ]
6.2 NAME		
6.3 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 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] SIGNATURE REQUIRED: 505-988-8832

CR2E034 (5/98)