

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

FILED
Apr 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 # P96000009494 (1)
 Corporation Name
AQUAFARMING & FISHERIES INTERNATIONAL CORPORATIO
N



Principal Place of Business: 17025 W. DIXIE HWY. NORTH MIAMI BEACH FL 33160
 Mailing Address: 17025 W. DIXIE HWY. NORTH MIAMI BEACH FL 33160

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/29/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0634109	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
424 KERBEL, LEE JOHN 426 POINCIANA ISLAND DR. MIAMI FL 33160				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

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	P	KERBEL, LEE JOHN		<input type="checkbox"/> DELETE		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME		426 POINCIANA ISLAND DR.				1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		MIAMI FL 33160				1.2 NAME	
CITY-ST-ZIP						1.3 STREET ADDRESS	
TITLE	V	GOMES, LUIZ A		<input type="checkbox"/> DELETE		1.4 CITY-ST-ZIP	
NAME		5445 COLLINS AVE., APT. 729				2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		MIAMI BEACH FL 33149				2.2 NAME	
CITY-ST-ZIP						2.3 STREET ADDRESS	
TITLE		10275 COLLINS AVE		<input type="checkbox"/> DELETE		2.4 CITY-ST-ZIP	
NAME		APT. 1104S				3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		BAL HARBOUR, FL 33154				3.2 NAME	
CITY-ST-ZIP						3.3 STREET ADDRESS	
TITLE				<input type="checkbox"/> DELETE		3.4 CITY-ST-ZIP	
NAME						4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS						4.2 NAME	
CITY-ST-ZIP						4.3 STREET ADDRESS	
TITLE				<input type="checkbox"/> DELETE		4.4 CITY-ST-ZIP	
NAME						5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS						5.2 NAME	
CITY-ST-ZIP						5.3 STREET ADDRESS	
TITLE				<input type="checkbox"/> DELETE		5.4 CITY-ST-ZIP	
NAME						6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS						6.2 NAME	
CITY-ST-ZIP						6.3 STREET ADDRESS	
TITLE				<input type="checkbox"/> DELETE		6.4 CITY-ST-ZIP	
NAME							
STREET ADDRESS							
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: *[Handwritten Signature]*

CR2E034 (10/97)