

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

FILED  
Apr 22, 1999 8:00 am  
Secretary of State

04-22-1999 90202 002 \*\*\*150.00

PROFIT CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
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

3. Date Incorporated or Qualified

01/29/1996

2. Principal Place of Business

21

2a. Mailing Address

26

4. FEI Number

65-0634109

Applied For

Not Applicable

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

City & State

23

City & State

28

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

Zip

Country

24

25

Zip

Country

29

30

8. This corporation owes the current year Intangible  
Personal Property Tax.

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KERBEL, LEE JOHN  
424 POINCIANA ISLAND DRIVE\*  
MIAMI FL 33160

81 Name

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

83

84 City

FL

85 Zip Code

\* SEE ADDRESS CHANGE BELOW

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P  DELETE  
NAME KERBEL, LEE JOHN  
STREET ADDRESS 426 POINCIANA ISLAND DR  
CITY-ST-ZIP MIAMI FL 33160

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS 100 BAYVIEW DRIVE APT. 1228  
1.4 CITY-ST-ZIP MIAMI BEACH, FL 33160

TITLE V  DELETE  
NAME GOMES, LUIZ A  
STREET ADDRESS 10275 COLLINS AVE APT. 1104  
CITY-ST-ZIP BAL HARBOUR FL 33154

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS APT. 1104 SOUTH  
2.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
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, with all other like empowered.

SIGNATURE:

LUIZ A GOMES

April 8, 99 (305)9475347

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0233637