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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997.

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

DOCUMENT # P96000021003

1. Corporation Name
AQUARIUS RARE COINS OF NORTH MIAMI BEACH, INC.

Principal Place of Business	Mailing Address
% WILLIAM HUFFMAN 172 N.E. 167 STREET MIAMI FL. 33162 U.S.	% WILLIAM HUFFMAN 3421 N.W. 26 AVE. BOCA-RATON FL. 33434 U.S.

3. Date Incorporated or Qualified: 03-07-96
3a. Date of Last Report: (N.A)

2. Principal Place of Business
21 172 N.E. 167 ST.
22 Suite, Apt. #, etc.:
23 City & State: MIAMI FLORIDA
24 Zip: 33162 25 Country: U.S.A.

2a. Mailing Address
26 WILLIAM HUFFMAN
27 Suite, Apt. #, etc.: 3421 N.W. 26 AVE.
28 City & State: BOCA-RATON FLORIDA
29 Zip: 33434 30 Country: U.S.A.

4. FEI Number: 65-0672493 ☐ Applied For ☐ Not Applicable

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 has liability for intangible tax under s. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

RICHARD A. BOLTON ESQ
1011 IVES DAIRY RD.
SUITE 210 N.M.B. FLA. 33179

10. Name and Address of New Registered Agent

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

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: Richard Bolton RICHARD A. BOLTON ESQ 4-11-97
(If changing registered agent, type or print 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT WILLIAM HUFFMAN 3421 N.W. 26 AVE. BOCA-RATON FL. 33434 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT LENA HUFFMAN 3421 N.W. 26 AVE. BOCA-RATON FL. 33434 ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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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: William Huffman WILLIAM HUFFMAN 4-11-97 (305) 949-2096
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #