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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 28 1998 8:00am Secretary of State

1. Corporatio	MENT # P960(RWORLD AQUARIA INC.	00022014 (0)		
Principal Plac	e of Business	Mailing Address		T DOUDDOL DES COURS AND TO SEE COTES OF IN) STATA TIMET AMERIC TTATA RAMA TAMA
7190 W 10TH AVE HALEAH FL 33014 US		7190 W 10TH AVE HIALEAH FL 33014 US		DO NOT WRITE IN THIS	S SPACE
		-		3. Date Incorporated or Qualified 03/12/1996	
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc.		26		65-0711843	Not Applicable
22		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Z (p 29	Country 30	This corporation owes or has paid the c Personal Property Tax due June 30.	Yes No
9. Name and Address of Current Registered Agent DA ION CONTAIN D. ID. 81 Name				10. Name and Address of New Registered	J Agent
PAJON, GONZALO JR			Name		
	190 W 10TH AVE		B2 Street Ad	idress (P.O. Box Number is Not Acceptable)	
HIALEAH FL 33014			83		1
			84 City	F	Zip Code
11. Pursuant office or r agent. I a	to the provisions of Sections 607.09 egistered agont, or both, in the Statem familiar with, and accept the oblig	02 and 607.1508, Florida Statu e of Florida, Such change was gations of, Section 607.0505, Fl	tes, the above-named c authorized by the corpo orida Statutes.	orporation submits this statement for the purpose ration's board of directors. I hereby accept the ap	of changing its registered opointment as registered
SIGNATURE			<u>.</u>		
-40	Signature, typed or printed name of registures as	gent and tile if appticable (NO ND DIRECTORS	TE: Registered Agent signature re	q.ired when reinstalling) DATE ADDITIONS/CHANGES TO OFFICERS AN	UD DIDECTORS IN 12
12. TITLE	P	DELETE	13.	VICE PRESIDENT	Change Addition
NAME	GONZALO, PAJON JR	_		SICELLE LABRADOR	
STREET ADDRESS	719 W 10 AVE			71 E 59 5T.	
CITY-ST-ZIP	HIALEAH FL		1.4 CITY-ST-ZIP]	tialeat, F1. 33013	
TITLE		☐ DELETE	2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2 3 STREET ADDRESS		
CITY-ST-ZIP			2 4 CHY-ST-ZIP		
TITLE		L DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREFT ADDRESS		
CITY-ST-ZIP		☐ DELET E	3.4. CITY - ST - ZIP		Change Addition
TITLE		L' DETEIE	4.1 TITLE		Citalige C Addition
NAME STREET ADORESS			4. 2 NAME 4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE	,	☐ DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
44 I horoby	antibuthat the information countied a	with this filips, dose not avalify I	or the everention stated	in Section 119 07(3)(i) Florida Statutes, Lifurther	certify that the information

remove certify may be information supplied with this lining does not qualify for the exemption stated in Section 119.0 (3)(i). Florida Statutes. I further certify that the information indicated on this annual report or suppliemental 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.