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

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P97000078271 (8) DOCUMENT #

THE FISH COLLECTION, INC.

Mailing Address

C/O JONATHAN H. GREEN & ASSOCIATES. P.A. 799 BRICKELL PLAZA SUITE 700 MIAMI FL 33131-2816

C/O JONATHAN H. GREEN & ASSOCIATES, P.A. 799 BRICKELL PLAZA SUITE 700

FILED Jun 18 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE MIAMI FL 33131-2816 3. Date Incorporated or Qualified 09/10/1997 Mailing Address 4. FEI Number Applied For Not Applicable Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. Certificate of Status Desired Fee Required 27 City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the cutrent year Intangible Yes Personal Property Tax due June 30. ∏ No 30 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name GREEN, JONATHAN H C/O JONATHAN H. GREEN & ASSOCIATES, P.A. 82 Street Address (P.O. Box Number is Not Acceptable) 799 BRICKELL PLAZA SUITE 700 83 MIAMI FL 33131-2816 R4 Zip Code 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 to the obligations of, Section 607.0505, Horida Statutes. SIGNATURE (NOTE Registered Agent signature required when reinstating) Signature, typed or pointed name of registered agent and the if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. ☐ Change ☐ Addition DELETE TITLE 1 1 THILE GREEN, JONATHAN H 1.2 NAME NAME 799 BRICKELL PLAZA SUITE 700 1.3 STREET ADDRESS STREET ADDRESS MIAMI FL 33131-2816 1.4 CHY-ST-7IP CITY-ST-ZIP ELIAS HOUNEU PROS. DOLLETE Change Addition 21 THUE TITLE 2.2 NAME NAME 1851 NE 163 ROST 23 STREET ADDRESS STREET ADDRESS N MIAMI BEACK FI 33162 2 4 CITY-S1-7IP CITY-\$1-ZIP Addition Change 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CiTY+ST-ZIP Change Addition DELETE TITLE 41 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - \$1 - ZIP CITY-ST-ZIP Change Addition DELETE 5.1 HITCE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-S1-ZIP CITY-ST-ZIP Change Addition DELETE 6.1 HILE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP CITY-ST-ZIP

14. Thereby certify that the information sepplied 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 agruph 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 receipt trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the corporation or the received Block 12 or Block 13 if changed, or on an at with an address.