

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

**FILED**  
**Apr 16, 1999 8:00 am**  
**Secretary of State**

04-16-1999 90001 043 \*\*\*150.00

0312351

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
--	---	--

**DOCUMENT # P98000069011**

1. Corporation Name  
**DADE AQUA FARMS, INC.**



Principal Place of Business <del>4900 N. UNIVERSITY DR., SUITE 138</del> LAUDERHILL FL 33351	Mailing Address <del>4900 N. UNIVERSITY DR., SUITE 138</del> LAUDERHILL FL 33351
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>4846 NO UNIVERSITY</b>		2a. Mailing Address 26 <b>4846 NO UNIVERSITY DR</b>		3. Date Incorporated or Qualified <b>08/03/1998</b>	
Suite, Apt. #, etc. 22 <b>STE 138</b>		Suite, Apt. #, etc. 27 <b>STE 138</b>		4. FEI Number <b>65-0908440</b>	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip 24		Zip 29		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Country 25		Country 30		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CHERCH, XAVIER T**  
~~4900 N. UNIVERSITY DR., SUITE 138~~  
 LAUDERHILL FL 33351

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	<b>4846 NO. UNIVERSITY DR</b>
83	<b>STE 138</b>
84 City	<b>FL</b>
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>CHERCH, XAVIER T</b>
STREET ADDRESS	<del>4900 N. UNIVERSITY DR., SUITE 138</del>
CITY-ST-ZIP	<b>LAUDERHILL FL 33351</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>PAPADOYIANIS, ERNEST D</b>
STREET ADDRESS	<del>4900 N. UNIVERSITY DR., SUITE 138</del>
CITY-ST-ZIP	<b>LAUDERHILL FL 33351</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>4846 NO UNIVERSITY DR # 138</b>
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>4846 NO UNIVERSITY DR # 138</b>
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: \_\_\_\_\_ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
 Date: **4/10/99** 954-768-2755 Daytime Phone #

CR2E034 (11/98)