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2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 20, 2000 8:00 am Secretary of State DOCUMENT # P98000069011 1. Entity Name DADE AQUA FARMS, INC. 03-20-2000 90164 001 ***300.00 Principal Place of Business Mailing Address 4846 N. UNIVERSITY 4846 N. UNIVERSITY 11999 LAUDISHALL FE 03351-4510 LAUDERHILL EL 33351 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE 167 City & State Applied For 4. FEI Number 65-0908440 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 91 Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHERCH, XAVIER T Street Address (P.O. Box Number is Not Acceptable) 4988 N. UNIVERSITY DR.: SUITE 138. 14545 J. MILITARY TR LAUDERHILL-FL-33351 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE ed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS TITI F Addition ☐ Delete TITLE CHERCH, XAVIER T NAME NAME JELEAU BEACH, PL 33484 STREET ADDRESS STREET ADDRESS 4846-N: UNIVERSITY DR: 138 CITY-ST-ZIP CITY-ST-7IP **LAUDERHILL FL 33351~** Change . Addition ☐ Delete TITLE TITLE PAPADOYIANIS; ERNEST D NAME 14545 J. HILITARY TR. #167 4846 N. UNIVERSITY DR. 138 STREET ADDRESS STREET ADDRESS DELPAY BEACH, FL 37KFY CITY-ST-ZIP LAUDERHILL FL-33351-CITY-ST-ZIP Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. Thereby 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE!