

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 08, 1999 8:00 am  
Secretary of State

04-08-1999 90001 017 \*\*\*150.00

DOCUMENT # P98000069017

1. Corporation Name

AQUACULTURE SPECIALTIES, INC.

Principal Place of Business

4988 N. UNIVERSITY DR., SUITE 138  
LAUDERHILL FL 33351

Mailing Address

4988 N. UNIVERSITY DR., SUITE 138  
LAUDERHILL FL 33351

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/03/1998

4. FEI Number

65-087-3618

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 owes the current year Intangible

Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 4846 N. UNIVERSITY DR.  
Suite, Apt. #, etc.

22 Ste 138

23 LAUDERHILL FL

24 33351 Country 25 BROWARD

2a. Mailing Address

26 4846 N. UNIVERSITY DR.  
Suite, Apt. #, etc.

27 Ste 138

28 LAUDERHILL FL

29 33351 Country 30 BROWARD

9. Name and Address of Current Registered Agent

CHERCH, XAVIER T  
4988 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)

4846 N. UNIVERSITY DR Ste 138

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME CHERCH, XAVIER T  
STREET ADDRESS 4988 N. UNIVERSITY DR., SUITE 138  
CITY-ST-ZIP LAUDERHILL FL 33351

TITLE D ☐ DELETE

NAME PAPADOYIANIS, ERNEST D  
STREET ADDRESS 4988 N. UNIVERSITY DR., SUITE 138  
CITY-ST-ZIP LAUDERHILL FL 33351

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS 4846 N. UNIVERSITY DR Ste 138  
1.4 CITY-ST-ZIP LAUDERHILL, FL 33351

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS 4846 N. UNIVERSITY DR. Ste 138  
2.4 CITY-ST-ZIP LAUDERHILL, FL 33351

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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:

XAVIER T. CHERCH  
SIGNATURE REQUIRED  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/1/99 974-768-2755  
Date Daytime Phone #

0312352

CR05034 (11/98)