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

DOCUMENT # P98000106978 1. Corporation Name

ARCADIA FLORIDA FISH, INC.

										(688)
Principal Place of Business Mailing Address										
1032 SYLVAN F			032 SYLVAN POND CIRCLE							
ORLANDO FL 32825 32			ORLANDO FL 32825 32				DO NOT WRITE IN THIS SPACE			
<i>,</i>		-					3. Date Incorporated or Qualifed			
							12/21/1998			
2. Principal P	lace of Business	2a.	Mailing Address				4. FEI Number			pplied For
21		26					59-355045	<u> </u>		lot Applicable
Suite, Apt.	#, etc.	<u> </u>	Suite, Apt. #, etc.				5. Certifcate of Status Desired	X		Additional
22		27	00 000							lequired
City & Stat	e		City & State				6. Election Campaign Financing Trust Fund Contribution			May Be to Fees
23 Zin	Country	28	Zip	Count	rv.		 	Lugar Inta		to rees
Zip	25	29	· ·	30	. ,		This corporation owes the curren Personal Property Tax.	-	∏ Yes	₩No
24	9. Name and Address of Curre	11		30]			10. Name and Address of New Reg			
	o. Hame and Meares of Series			8	11	Name				
	ra, rodrigo				1	Ctuo at Addre	on (D.O. Boy Number in Not Acceptable	2)		
11032 SYLVAN POND CIRCLE			82			Street Addres	iss (P.O. Box Number is Not Acceptable)			
ORLA	NDO FL 32825			8	3					
				-	14	City			85 Zip	Code
						•		<u> FL</u>		
office or s	to the provisions of Sections 607.05 registered agent, or both, in the Statum familiar with, and accept the oblig	e of Florida	a. Such change was at	ithorized ()V T	the corporation	ration submits this statement for the pun's board of directors. I hereby accept to	he appoin	tment as r	egistered
SIGNATURE										
	Signature, typed or printed name of registered ag		``	_	ent	signature required v	when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE AND	DIRECT	ORS IN 12
TITLE	OFFICERS A	TORS 13.			ADDITIONS/CHANGES TO OFFIC	ALINO AIVE	Change			
NAME	SIERRA, RODRIGO			1.2 NAM					_ ,	_
	44000 OVILLAN DOND OIDOLE					ADDRESS				
STREET ADDRESS CITY-ST-ZIP	ORLANDO FL 32825			1.4 CITY						
TITLE	D		☐ DELETE	2.1 TITLI					Change	☐ Addition
NAME	FRANCO, LUIS G			2.2 NAM	E					ľ
STREET ADDRESS	ALLON OUR VIEW BOND OFFI			2.3 STR	ET,	ADDRESS				
CITY-ST-ZIP	ORLANDO FL 32825			2. 4 CITY						
TITLE	D		☐ DELETE	3.1 TITL	<u> </u>				Change	☐ Addition
NAME	ANGEL, RICARDO			3.2 NAM	E					
STREET ADDRESS	ALLE 100 BIO NO DE 15 OLI	TE 301		3.3 STR	EET.	ADDRESS				
CITY-ST-ZIP	SANTA FE DE BOGOTA COLO	MBIA		3.4. CIT	/-ST	r-zip		,.		
TITLE			☐ DELETE	4.1 TITL	Ξ				Change	☐ Addition
NAME				4. 2 NAM	ŧΕ					
STREET ADDRESS				4.3 STRI	EET	ADDRESS				
CITY-ST-ZIP				4.4 CITY		-ZIP				
TITLE			☐ DELETE	5.1 TITL					Change	· Addition
NAME				5.2 NAM						
STREET ADDRESS						ADDRESS				ļ
CITY-ST-ZIP			□ DELETE	5.4 CITY 6.1 TITL		-ZIP			☐ Change	Addition
TITLE	1		1 1 1 195-1 15 15	2 U. 1 111U	_	ı				[] //OUINUII]

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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

- 494 9139

FILED

Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90064 015 ***158.75