PROFIT CORPORATIC ANNUAL REPO 1998	19 - 19 - 19 - 19 - 19 - 19 - 19 - 19 -	Sandru Secri	PARTMENT OF STATE B. Mortham Detary of State F CORPORATIONS	Mar 03 1998 8:00 Secretary of Sta	
DOCUMENT 1. Corporation Name AQUATIC LIFE C Principal Place of Business 7525 S.W. 12 STREET MIAMI FL 33144	of Miami, Inc.	Mailing Address 7525 S.W. 12 STREET MIAMI FL 33144		DO NOT WRITE IN THIS SPACE	
2. Principal Place of Busin	966	2a. Mailing Address		3. Date Incorporated or Qualified 08/23/1991 4. FEI Number Applied	
<u>1</u>		26	······································	65-0285051 Not Ap	plicabl
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired De	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	
	Country 25	Zip 29	Country 30	8. This corporation owes or has paid the current year Intangit Personal Property Tax due June 30. X Yes No	
	and Address of Current I			10, Name and Address of New Registered Agent	
			84. City	85 Ztp Code	
1. Pursuant to the provision office or registered ago agent. I am familiar with	ons of Sections 607.0502 a ont, or both, in the State of h, and accept the obligation	and 607, 1508, Florida Sta I Florida, Such change wa ons of, Section 607,0505,	tutes, the above-named constant of the coroora	FL 85 Zip Code rporation submits this statement for the purpose of changing its registation's board of directors. I hereby accept the appointment as regis	
agent. I am familiar wif SIGNATURE Signature, typed o	n, and accept the obligation reprinted name of registered egent a	ons of, Section 607.0505, and tille if applicable (N	tules, the above-named co s authorized by the corpora Fiorida Statutes.	rporation submits this statement for the purpose of changing its reg ation's board of directors. I hereby accept the appointment as regis	pisterø stered
agent. I am familiar wif SIGNATURE Signalure, lyped (12.	n, and accept the obligation	ons of, Section 607.0505, and tille if applicable (N	tules, the above-named consistent of the statutes of the corpora Florida Statutes.	PL	pistere stered 12
agent. 1 am familiar with SIGNATURE Signature, lyped of I2. IfILE D ALVARE	r, and accept the obligation reprinted name of registered agent OFFICERS AND I C, ANA / 12TH STREET	ons of, Section 607.0505, and title if applicable (N DIRECTORS	tutes, the above-named col s authorized by the corpora Florida Statutes. OTE: Registered Agent signature requ 13.	PL	gistere stered
agent. 1 am familiar with SIGNATURE IL. ITLE ALVARE TREET ADDRESS ITY-ST-ZIP ITLE I	r, and accept the obligation reprinted name of registered agent OFFICERS AND I C, ANA / 12TH STREET	ons of, Section 607.0505, and title if applicable (N DIRECTORS	tules, the above-riamed coi s authorized by the corpora Fiorida Statutes. OTE: Registered Agent signature requi 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	PL	pistere stered 12
agent. 1 am familiar with SIGNATURE III. Signature, typed of III. D ALVARE TREET ADORESS ITY-ST-ZIP III.E IAME	r, and accept the obligation reprinted name of registered agent OFFICERS AND I C, ANA / 12TH STREET	ons of, Section 607.0505, and tile # applicablo (N DIRECTORS	tules, the above-named cors s authorized by the corpora Fiorida Statutes. OTE: Registered Agent signature required 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	PL PL Provation submits this statement for the purpose of changing its reg ation's board of directors. I hereby accept the appointment as regis uired when reinstaing) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN Change Change Change	gisterø stered 12 Additio
agent. 1 am familiar with SIGNATURE 2. ITLE AME TREET ADORESS ITY-ST-ZIP ITLE AME TREET ADDRESS ITY-ST-ZIP ITLE AME TREET ADDRESS ITY-ST-ZIP ITLE AME TREET ADDRESS ITY-ST-ZIP ITLE AME	r, and accept the obligation reprinted name of registered agent OFFICERS AND I C, ANA / 12TH STREET	ons of, Section 607.0505, and tile / applicable (N DIRECTORS	tules, the above-named col s authorized by the corpora Florida Statutes. OTE: Registered Agent signature requinance 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME	Iporation submits this statement for the purpose of changing its reg ation's board of directors. I hereby accept the appointment as regis uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN Change Change Change Change	jistered stered 12 Additic
agent. 1 am familiar with SIGNATURE IL. ITLE AMME TREET ADORESS ITY-ST-ZIP ITLE ITL	r, and accept the obligation replated name of registered agent OFFICERS AND I C, ANA / 12TH STREET	ons of, Section 607.0505, and tile I applicable (N DIRECTORS	Lules, the above-named cons s authorized by the corpora Fiorida Statutes. OTE: Registered Agent signature requinance 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME	PL poration submits this statement for the purpose of changing its reg ation's board of directors. I hereby accept the appointment as regis uited when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN Change Change Change Change Change	jistere stered 12 Additio