

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 # **S75515**

1. Corporation Name

AQUATIC LIFE OF MIAMI, INC.

Principal Place of Business

7525 S.W. 12, STREET  
MIAMI FL 33144

Mailing Address

7525 S.W. 12 STREET  
MIAMI FL 33144

2. Principal Place of Business

21 64 W - 21th STREET  
Suite, Apt. #, etc.

22

City & State

23 HIALEAH, FLORIDA

Zip

24 33010

Country

25 USA

2a. Mailing Address

26 64 W - 21th STREET  
Suite, Apt. #, etc.

27

City & State

28 HIALEAH, FLORIDA

Zip

29 33010

Country

30 USA

9. Name and Address of Current Registered Agent

ALVAREZ, ANA  
7525 SW 12TH STREET  
MIAMI FL 33144

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/23/1991

4. FEI Number

65-0285051

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

10. Name and Address of New Registered Agent

81 Name

ALVAREZ, ANA

82 Street Address (P.O. Box Number is Not Acceptable)

64 W - 21th STREET

83

84 City

HIALEAH

FL

85 Zip Code

33010

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 ☐ DELETE

D  
NAME  
ALVAREZ, ANA  
STREET ADDRESS  
7525 SW 12TH STREET  
CITY-ST-ZIP  
MIAMI FL

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

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

D  
1.2 NAME  
ALVAREZ, ANA  
1.3 STREET ADDRESS  
64 W - 21th STREET  
1.4 CITY-ST-ZIP  
HIALEAH, FL 33010

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 22, 1999 (305) 805-3248

Date

Daytime Phone #

CR2E034 (11/98)

0215481

FILED  
Mar 29, 1999 8:00 am  
Secretary of State

03-29-1999 90030 050 \*\*\*150.00

