

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED

APPROVED
FILED

DOCUMENT # **M36875** (6)

1. Corporation Name
WATERTRON, INC.

Principal Place of Business Mailing Address
C/O PAUL BALDWIN
285 NE 185TH ST.
MIAMI FL 33179

COUNTY OF STATE
MIAMI-DADE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **08/15/1986** 3a. Date of Last Report **07/14/1994**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FBI Number	Applied For
22	State, Apt. # etc.	27	State, Apt. # etc.	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Zip	25	Country	7.	This corporation has liability for intangible tax under S. 199 (32) Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

BALDWIN, PAUL
285 NE 185TH ST.
MIAMI FL 33179

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	City
84	State
85	Zip Code

11. Pursuant to the provisions of Sections 607.01(2)(b) and 607.15(6), 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 the provisions of Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. AGENTS, EMPLOYEES, OFFICERS AND DIRECTORS	
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY, ST, ZIP	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY, ST, ZIP	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY, ST, ZIP	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY, ST, ZIP	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	CITY, ST, ZIP	STREET ADDRESS	CITY, ST, ZIP

14. I declare and certify that the information supplied with this filing is voluntarily furnished and clearly and fully for the corporation stated in Section 119.02(3)(b), 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 officer or trustee empowered to execute this report as provided in Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this form as an officer or director with a

SIGNATURE: *Martin Scharfman*
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

4/10/95
305 652 5312
Date: 4/10/95
Office: 305 652 5312