

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # P94000066001 (6)

1. Corporation Name

ACUAGRANJA, INC.

FILED
95 AUG -7 AM 10: 55
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business Mailing Address
2 S BISCAYNE BLVD SUITE 3250 MIAMI FL 33131
2 S BISCAYNE BLVD SUITE 3250 MIAMI FL 33131

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 09/02/1994
3a. Date of Last Report

4. FEI Number 65-0544432
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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business
21 1428 West 49 Str.
22 Suite, Apt. #, etc.
23 Hialeah, FL
24 Zip 33012 25 Country U.S.A
26 Mailing Address
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

9. Name and Address of Current Registered Agent
GOLDSTEIN, RICHARD M
2 S BISCAYNE BLVD
SUITE 3250
MIAMI FL 33131

10. Name and Address of New Registered Agent
81 Name Fernando Rodriguez
82 Street Address (P.O. Box Number is Not Acceptable) 1428 West 49 Str.
83
84 City Hialeah FL 85 Zip Code 33012

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 *Fernando Rodriguez President* DATE 8-1-95
Signature, typed or printed name of registered agent and title, as applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	GOLDSTEIN, RICHARD M
STREET ADDRESS	2 S BISCAYNE BLVD SUITE 3250
CITY - ST - ZIP	MIAMI FL 33131
TITLE	President
NAME	Fernando Rodriguez
STREET ADDRESS	1428 West 49 Str.
CITY - ST - ZIP	Hialeah, FL 33012
TITLE	Vice-president
NAME	Amira Rodriguez
STREET ADDRESS	1428 West 49 Str.
CITY - ST - ZIP	Hialeah, FL 33012
TITLE	Director
NAME	Lina Maria Rodriguez
STREET ADDRESS	10613 Hammocks Blvd # 223
CITY - ST - ZIP	Miami, FL 33196
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 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.

SIGNATURE: *Fernando Rodriguez* DATE 8-1-95 (21) 8239311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (System Use Only)

CR2E034 (3/95)