

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jun 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P970000034240**
1. Corporation Name
AQUAVISTA Financial Services Inc.

Principal Place of Business Mailing Address
407 Lincoln Rd # 12L **SAME**
Miami Beach, FL 33139

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 407 Lincoln Rd Suite, Apt. #, etc. 22 #12L City & State 23 Miami Beach FL Zip 24 33139 Country 25 USA	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	3. Date Incorporated or Qualified 6-2-97 Apr 16 1997 4. FEI Number 65-0746889 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 or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Kenneth M. Roth
650 West Ave #1807
Miami Beach FL
33139

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

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

(Not a Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NORA ROTH PRES. ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	NORA ROTH	1.2 NAME	
STREET ADDRESS	650 West Ave #1807	1.3 STREET ADDRESS	
CITY-ST-ZIP	Miami Beach, FL 33139	1.4 CITY-ST-ZIP	
TITLE	Kenneth M. Roth Vice Pres ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	Kenneth M. Roth	2.2 NAME	
STREET ADDRESS	650 West Ave #1807	2.3 STREET ADDRESS	
CITY-ST-ZIP	Miami Beach, FL 33139	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

CR2E034 (10/97)