

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

FILED
Mar 12 1998 8:00am
Secretary of State

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # P97000096016 (5)
 1. Corporation Name
AQUALAWN, INC.



| | |
|--|--|
| Principal Place of Business 15901 S.W. 242 STREET MIAMI FL 33031 | Mailing Address 15901 S.W. 242 STREET MIAMI FL 33031 |
|--|--|

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|--|----------------------|----------------------|---|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 | | 26 | PO Box 924890 | 11/10/1997 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | |
| | | | | 65-0801975 | |
| 22. City & State | | 27. City & State | | 5. Certificate of Status Desired | |
| 23 | | Princeton, FL | | <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 24. Zip | | 28. Zip | | 6. Election Campaign Financing | |
| 25 | | 33092 | | Trust Fund Contribution <input type="checkbox"/> | |
| Country | | 29. Country | | 7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. | |
| | | USA | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

ARAZOZA, COMAS DE TORRES & FERNANDEZ-FRAGA
101 MADEIRA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

| | |
|----|--|
| 81 | Name |
| 82 | Street Address (P.O. Box Number is Not Acceptable) |
| 83 | |
| 84 | City |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------------------|---------------------------------|
| TITLE | Pres. | <input type="checkbox"/> DELETE |
| NAME | Alberto Arazoza | |
| STREET ADDRESS | 9745 SW 110 Street | |
| CITY-ST-ZIP | Miami, FL 33176 | |
| TITLE | Vice Pres. | <input type="checkbox"/> DELETE |
| NAME | Eduardo Arazoza | |
| STREET ADDRESS | 470 Campora Ave | |
| CITY-ST-ZIP | Coral Gables, FL 33156 | |
| TITLE | Sec. | <input type="checkbox"/> DELETE |
| NAME | Scott Neitzel | |
| STREET ADDRESS | 332 SW 194 Ave | |
| CITY-ST-ZIP | Pembroke, Pines FL 33029 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| 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 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.

SIGNATURE: Albert Arazoza **DATE:** 3/4/98

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)