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Mar 20 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # S 86691
1. Corporation Name
AQUAKNOTS, INC.

Principal Place of Business: 880 S.W. 8TH. STREET MIAMI - FL 33130
Mailing Address: 880 S.W. 8TH. STREET MIAMI - FL 33130

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26		10-11-1991			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		65-0297399		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		\$8.75 Additional Fee Required	
23		28		<input type="checkbox"/>		\$5.00 May Be Added to Fees	
Zip		Country		Zip		Country	
24		25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

9. Name and Address of Current Registered Agent
CASTILLO, HUMBERTO
880 S.W. 8TH. STREET
MIAMI - FL 33130

10. Name and Address of New Registered Agent
81 Name: **MANUEL SEDANE**
82 Street Address (P.O. Box Number is Not Acceptable): **880 S.W. 8TH. STREET**
83
84 City: **MIAMI** FL 85 Zip Code: **33130**

11. Pursuant to the provisions of Sections 607.0509 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, 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: *Manuel Sedane* **MANUEL SEDANE** DATE: **2-14-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PIO	1.1 TITLE	SECRETARY
NAME	GINORIS, ANTONIO I	1.2 NAME	SEDANE, MANUEL
STREET ADDRESS	880 S.W. 8 STREET	1.3 STREET ADDRESS	880 SW 8 STREET
CITY - ST - ZIP	MIAMI - FL 33130	1.4 CITY - ST - ZIP	MIAMI - FL 33130
TITLE	VTD	2.1 TITLE	VIP
NAME	CASTILLO, HUMBERTO	2.2 NAME	RAMOS, SILVIO
STREET ADDRESS	880 S.W. 8 STREET	2.3 STREET ADDRESS	880 SW 8 STREET
CITY - ST - ZIP	MIAMI - FL 33130	2.4 CITY - ST - ZIP	MIAMI - FL 33130
TITLE	DTS	3.1 TITLE	PRESIDENT
NAME	GINORIS, MARIO	3.2 NAME	GINORIS, MARIO
STREET ADDRESS	880 SW 8 STREET	3.3 STREET ADDRESS	880 S.W. 8 STREET
CITY - ST - ZIP	MIAMI - FL 33130	3.4 CITY - ST - ZIP	MIAMI - FL 33130
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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 not in accordance with an address.

SIGNATURE: *Manuel Sedane* **MANUEL SEDANE** DATE: **2-14-97**

CR2E034 (9/96)