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May 05, 1999 8:00 am
Secretary of State

05-05-1999 90006 017 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # S86691

1. Corporation Name
AQUAKNOTS, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
880 SOUTHWEST 8TH ST. 140 SW 57 AVE
MIAMI FL 33130 33144 **880 SOUTHWEST 8TH ST. 140 SW 57 AVE**
MIAMI FL 33130 33144

3. Date Incorporated or Qualified
10/11/1991

2. Principal Place of Business 2a. Mailing Address
21 157 S.W. 57 AVENUE **26 157 S.W. 57 AVE**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

4. FEI Number Applied For
65-0298359 Not Applicable

22 City & State 27 City & State
23 MIAMI - FL **28 MIAMI - FL**

5. Certificate of Status Desired **\$8.75** Additional Fee Required

24 Zip 25 Country 29 Zip 30 Country
24 33144 **25 U.S.A.** **29 33144** **30 U.S.A.**

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MANUEL SEOANE
880 SOUTHWEST 8TH ST.
MIAMI FL 33130

81 Name **MANUEL SEOANE**
 82 Street Address (P.O. Box Number is Not Acceptable)
 83 **157 S.W. 57 AVENUE**
 84 City **MIAMI** **FL** 85 Zip Code **33144**

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 *Manuel Seoane* **MANUEL SEOANE** **4-23-99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

TITLE **S**
 NAME **SEOANE, MANUEL**
 STREET ADDRESS **880 SOUTHWEST 8TH ST.**
 CITY-ST-ZIP **MIAMI FL 33130**

1.1 TITLE **S**
 1.2 NAME **SEOANE, MANUEL**
 1.3 STREET ADDRESS **157 S.W. 57 AVENUE**
 1.4 CITY-ST-ZIP **MIAMI-FL 33144**

TITLE **VP**
 NAME **RAMOS, SILVIO**
 STREET ADDRESS **880 SOUTHWEST 8TH ST.**
 CITY-ST-ZIP **MIAMI FL 33130**

2.1 TITLE **VP**
 2.2 NAME **RAMOS, SILVIO**
 2.3 STREET ADDRESS **157 S.W. 57 AVENUE**
 2.4 CITY-ST-ZIP **MIAMI-FL 33144**

TITLE **P**
 NAME **GINORIS, MARIO**
 STREET ADDRESS **880 SOUTHWEST 8TH ST.**
 CITY-ST-ZIP **MIAMI FL 33130**

3.1 TITLE **P**
 3.2 NAME **GINORIS, MARIO**
 3.3 STREET ADDRESS **157 S.W. 57 AVENUE**
 3.4 CITY-ST-ZIP **MIAMI-FL 33144**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change 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, with all other like empowered.

SIGNATURE: *Manuel Seoane* **MANUEL SEOANE** **4-23-99** **305-565-9000**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (1/98)