SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 6/8/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 [illegible] 35

DOCUMENT # K54914 (2)

1. Corporation Name
AQUAKIDS INC.

Principal Place of Business
14021 SW 98 COURT
~~10275-4 SW 110 TERRACE~~
MIAMI FL ~~33116~~
US

Mailing Address
14021 SW 98 COURT
~~10275-4 SW 110 TERRACE~~
MIAMI FL ~~33116~~
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/23/1988
3a. Date of Last Report: 04/25/1994
4. FEI Number: 65-0099054 ☐ 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 14021 SW 98 COURT
22 Suite, Apt. #, etc.
23 City & State: MIAMI, FL
24 Zip: 33176 25 Country: US

2a. Mailing Address
26 P.O. BOX 164523
27 Suite, Apt. #, etc.
28 City & State: MIAMI, FL
29 Zip: 33116 30 Country: US

9. Name and Address of Current Registered Agent
MANGANIELLO, LOUIS P., JR
14021 SW 98 COURT
MIAMI FL 33116

10. Name and Address of New Registered Agent
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 LOUIS P. MANGANIELLO, JR 6/13/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE: PTS
NAME: MANGANIELLO, LOUIS P.,JR
STREET ADDRESS: 14021 SW 98 COURT
CITY ST ZIP: MIAMI FL 33176

TITLE: V
NAME: MANGANIELLO, MARY A.
STREET ADDRESS: 14021 SW 98 COURT
CITY ST ZIP: MIAMI FL 33176

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

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CITY ST ZIP

TITLE
NAME
STREET ADDRESS
CITY ST ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

☒ Change ☐ Addition
1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY ST ZIP 33176

☒ Change ☐ Addition
2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY ST ZIP 33176

☐ Change ☐ Addition
3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY ST ZIP

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

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

☐ Change ☐ Addition
6.1 TITLE
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)(k), 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 the 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: LOUIS P. MANGANIELLO, JR 6/13/95 305-232-4222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (3/95)