

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Sep 13, 1999 8:00 am  
Secretary of State

09-13-1999 90001 034 \*\*\*558.75

DOCUMENT # 244620

Corporation Name  
CATALINA POOLS INC

Principal Place of Business  
122 S W 81ST STREET  
MIAMI FL 33143

Mailing Address  
6822 S W 81ST STREET  
MIAMI FL 33143



DO NOT WRITE IN THIS SPACE

Principal Place of Business 14147 S.W. 142 AVE Suite, Apt. #, etc.	2a. Mailing Address 26 14147 SW 142 AVE Suite, Apt. #, etc.	3. Date Incorporated or Qualified 02/11/1961	4. FEI Number 59-0914894	Applied For Not Applicable
City & State MIAMI, FL 33184 Zip 33184 Country USA	City & State 28 MIAMI, FL 33186 Zip 33186 Country USA	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	7. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

RICHARD E JONES  
6822 SW 81ST  
MIAMI FL 33143

10. Name and Address of New Registered Agent

81 Name RICHARD G. Jones	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City MIAMI	85 Zip Code FL 33186
-----------------------------	---	----	------------------	-------------------------

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: *Richard E Jones*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

9-1-99  
DATE

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
E PT JONES, RICHARD G. 6822 S W 81ST STREET MIAMI FL 33143	<input type="checkbox"/> DELETE	1.1 TITLE PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
E VS DE LEON, RAFAEL A 6822 S W 81ST STREET MIAMI FL 33143	<input type="checkbox"/> DELETE	1.2 NAME JONES, RICHARD G.	
E	<input type="checkbox"/> DELETE	1.3 STREET ADDRESS 14147 S.W. 142 AVE.	
E	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP MIAMI, FL 33186	
E	<input type="checkbox"/> DELETE	2.1 TITLE VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
E	<input type="checkbox"/> DELETE	2.2 NAME DE LEON, RAFAEL A.	
E	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS 14147 S.W. 142 AVE.	
E	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP MIAMI, FL 33186	
E	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
E	<input type="checkbox"/> DELETE	3.2 NAME	
E	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	
E	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	
E	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
E	<input type="checkbox"/> DELETE	4.2 NAME	
E	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
E	<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	
E	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
E	<input type="checkbox"/> DELETE	5.2 NAME	
E	<input type="checkbox"/> DELETE	5.3 STREET ADDRESS	
E	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
E	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
E	<input type="checkbox"/> DELETE	6.2 NAME	
E	<input type="checkbox"/> DELETE	6.3 STREET ADDRESS	
E	<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP	

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:

*Rafael A. DeLeon*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

02/2805