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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS **FILED**

Mar 19 1997 8:00am

Secretary of State

DOCUMENT # 4524

(1)

Principal Place of Business Mailing Address 1570 W 43RD PL 8UITE 26. 2ND FLOOR HALEAH FL 33012 DADE COUNTY WATER PURIFICATION SYSTEMS, INC. Mailing Address 1570 W 43RD PL SUITE 26. 2ND FLOOR HALEAH FL 33012					
6 Odnejpol fi	None of Post and	in the second of property and		3. Date Incorporated or Qualified 05/06/1974	9a. Date of Last Report 02/20/1996
2. Principal Place of Business 21		2a. Mailing Address		4. FER Number 59-1529328	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional
City & Stat	e	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	7(p)	Country 30	8. This corporation has liability for in Florida Statutes	
	9. Name and Address of Currer			10. Name and Address of New Reg	
1570 STE.	RERA, HERIBERTO J O WEST 43RD PLACE NEZA, 2ND FLOOR LEAH FL 33012		83	ress (P.O. Box Number is Not Acceptabl	
			84 City		FL 85 Zip Code
SIGNATURE	Signature, typed or pretent runs of enjoyees age OFFICERS ANI	or Land tila ut applicable (NO	It fregues and Agent significate regarding to the state of the state o	poration submits this statement for the price of the pric	DAIL
NAME STREET ADDRESS CITY-ST-ZIP	HERRERA, HERIBERTO R 16815 NW 83RD COURT MIAMI FL		12 NAME 1.3 STREET ADDRESS 1.4 CHY-ST-74°		LJ vitingo (LJ vitinio)
NAME STREET ADDRESS CITY-ST-ZIP	P Herrera, Heriberto J 16815 NW 83RD COURT MAMI FL	DOCTE	2.1 Title 2.2 NAME 2.3 STREET ADDRESS 2.4 CHy-S1-ZIP		Change Addition
TITLE NAME STREET ADDRESS	S HERRERA, MIRTHA R. 16815 NW 83RD COURT	DELETE	3.1 TITLE 3.2 NAM!		Change Addition
CITY-ST-ZIP TITLE	MIAMI FL	DOTEIL	3 3 STRLET ADDRESS 3 4, City-St-7/P 4 1 THLE		Change Addition
NAME STREET ADDRESS CITY-ST-ZIP			4 2 NAME 4 3 STREET ADDRESS		
TITLE NAME STREET ADDRESS		ÖFLETE	4.4 CITY - ST - 7IP 5.1 FILE 5.2 NAME 5.3 STREET ADDRESS		Change Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS		DETE IF	5.4 CHY-ST-ZIP 6.1 THE 6.2 NAME 6.3 STREET ADDRESS		Change Addition
CITY-ST-ZIP 14. I do hereb information I am an of appears in	by certify that the information supplied in indicated on this amount report or ficer or director of the colliseration of in Block 12 or Block 13 if difaugost or	d with this filing does not qual supplemental amount report is the receiver of trustee empor roman attachment with an ad-	64 CITY-ST-ZIF by for the exemption stated true and accurate and that world to execute this repor dress.	Lin Section 119.07(3)(i), Florida Statutes, my signature shall have the same legal Las required by Chapter 607, Florida Sta	I further certify that the effect as if made under eath; that alutes; and that my name