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

DOCUMENT # 543080 1. Corporation Name &

NATIONAL WATERS INDUSTRIES, INC.

FILED Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90128 011 ***158.75

raenar Albir Dissa	48 1 4 1 (4 19) 48 51	AIRII AIRII BIPII AIRI	

Principal Place	e of Business	Mailing Address			I (Bath him along him and the control of the contro	0.071 01017 27011 01	• • • • • • • • • • • • • • • • • • • •
1810 NW 18TH ST 1810 NW 18TH ST MIAMI FL 33125 MIAMI FL 33125					•		
W// 12 001E	•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			DO NOT WRITE IN THI	S SPACE	·
					3. Date Incorporated or Qualifed 08/16/1977		
2 Principal P	lace of Business	2a. Mailing Address		^	4. FEI Number	Apr	lied For
	0 NW 18 H.	26 1810 Nu) 18A	/ .	NOT APPLICABLE	. No	Applicable
Suite, Apt.		Suite, Apt. #, etc.				\$8.75 A	dditional
22		27			5. Certifcate of Status Desired	Fee Re	quired
City & Stat	te .	City & State	•	1	6. Election Campaign Financing	\$5.00	May Be
23 M/	AMI FU	28 MIAMI	F	_ زرر	Trust Fund Contribution	'Added to	Fees
Zip	Country	<u> </u>	Country	بدر حدد وست	8. This corporation owes the current year I		
24 33	125 25 FW	29 33/25 3	0 /2	<u> </u>	Personal Property Tax.		□No
	9. Name and Address of Current	Registered Agent	94 \	.	10. Name and Address of New Registere	d Agent	
CAM	IDOG MINEDVA (MDG)		81 1	łame			ļ
	IPOS, MINERVA (MRS)) SW 83RD CT		82 5	treet Addre	ess (P.O. Box Number is Not Acceptable)		
	MI FL 33183						
WILKIN	WII I E 33 163		83				
	•		84 (City		85 Zip C	ode
					F	_	rapistared
office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State of Imfamiliar with, and accept the obligat	of Florida. Such change was aut	norized by the	corporatio	oration submits this statement for the purpose on's board of directors. I hereby accept the app	ointment as rec	istered
•	" and doopt the bongat				ي ۾ رو هو ره ۾ ماه	· · · · ·	·. 64. · [
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: R	tegistered Agent sig	nature required	d when reinstating) DATE	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	·
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE : 1.4	V 19 DO THE STATE	. DELETE	1.1 TITLE			Change	Addition
NAME	FERMIN, ADA		1.2 NAME				
STREET ADDRESS	12832 SW 62ND LN		1.3 STREET AD	DRESS			
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZI	P			
TITLE	T	☐ DELETE	2.1 TITLE			☐ Change	☐ Addition
NAME	FERMIN REGINA		2.2 NAME			•	Ì
STREET ADDRESS	1810 NW 18 ST		2.3 STREET AD	DRESS			
C/TY-ST-ZIP	MIAMI FL		2. 4 CITY-ST-Z	IP			C Addition
TITLE	S	☐ DELETE	3.1 TITLE			Change	Addition
NAME	PEREZ AMADOR FRANCISCO	J	3.2 NAME			•	
STREET ADDRESS	1		3.3 STREET AD	1			
CITY-ST-ZIP	RIO HONDA II		3.4. CITY-ST-Z	IP-=-		☐ Change	Addition
TITLE	P	☐ DELETE	4.1 TITLE				
NAME	FERMIN, JOSE C. CASTIL		4. 2 NAME				
STREET ADDRESS	1810 N.W. 18TH STREET		4.3 STREET AD	DRESS			
				[l
CITY-ST-ZIP	MIAMI FL	□ no ere	4.4 CITY-\$T-ZI	[☐ Change	☐ Addition
TITLE		☐ DELETE	5.1 TITLE	[☐ Change	Addition
TITLE NAME	MIAMI FL	☐ DELETE	5.1 TITLE 5.2 NAME	P		Change	☐ Addition
NAME STREET ADDRESS	MIAMI FL	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET AD	ORESS		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MIAMI FL		5.1 TITLE 5.2 NAME 5.3 STREET AD 5.4 CITY-ST-ZI	ORESS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	MIAMI FL	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET AD 5.4 CITY-ST-ZI 6.1 TITLE	ORESS		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MIAMI FL		5.1 TITLE 5.2 NAME 5.3 STREET AD 5.4 CITY-ST-ZI	P ORESS			

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: