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

DOCUMENT # 679700

(5)

AQUA-PHONICS, INC.

FILED Feb 06 1997 8:00am Secretary of State



Principal Place of Business Mailing Address						
10503 SW 78TH ST MIAMI FL 33173	10503 SW 78TH ST					
MIPMI FE 30173	MIAMI FL 33173-2910					
				3. Date Incorporated or Qualified 07/24/1980	3a. Date of 03/22/1	ast Report
2. Principal Place of Business	2a, Mailing Address	···	***	4. FEI Number	1	Applied For
21	26			59-2021393	·	Not Applicat
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		.75 Additional ee Required
City & State	City & State			6. Election Campaign Financing	\$	5.00 May Be
23	28			Trust Fund Contribution	A	dded to Fees
Zip Country	Zip	Country	•	8. This corporation has liability for in	ntangible tax u	nder s. 199.032,
24 25		30			Yes No	
g. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Reg	gistered Agent	
WEINBERGER, LESTER		81	Name			
10503 S.W. 78TH ST.		82	Street Addre	ss (P.O. Box Number is Not Acceptab	le)	
MIAMI FL 33173						
		83				
		84	City		FL 85	Zip Code
11 Pure ign to the rive is one of Cartieve 607 050	02 and 607 1609 Florida Statute	n the chaus	nomed cores	rotion as begits this statement for the s		
 Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State agent. Lam familiar with, and accept the oblig SIGNATURE. 	e of Florida. Such change was a gations of, Section 607.0505, Flo	uthorized by rida Statutes	the corporation	on's board of directors. I hereby accep	t the appointme	ant as registered
Signature Type of or printed name of registered age	***	Registered Age	nt signature required		DATE	
	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		
TITLE PD	☐ DELETE	1.1 TITLE			<u></u> □ c	hange 🔲 Additi
WEINBERGER, LESTER		1.2 NAME				
STREET ADDRESS 10503 S.W. 78TH ST.		1.3 STREET	ADDRESS			
CITY-ST-ZIP MIAMI FL 33173-2910		1.4 CITY-S	T-ZIP	**************************************		
TITLE	DELETE	2 1 TITLE			☐ C	hange 🔲 Additi
NAME		2.2 NAME		4, %		
STREET ADDRESS		23 STREET	ADDRESS			
CITY - S1 - ZIP		2.4 CITY-S	ST-ZIP			
TOLE	☐ DELETE	3.1 TITLE			□ c	hange 🔲 Additi
NAME		3.2 NAME				
STREET ADDRESS		3.3 STREET	ADDRESS			
CITY - ST - ZIP		3.4. CITY-S	ST-ZIP			
TITLE	☐ DELETE	4.1 TITLE			□ c	nange 🔲 Additi
NAME		4 2 NAME				
STREET ADDRESS	·	4.3 STREET	ADDRESS			
CITY+S1-ZIP	A A	4.4 CITY - ST	T-ZIP			<u> </u>
TITLE	☐ DELETE	5 1 TITLE			□ c	nange 🔲 Additi
NAME		52 NAME				
STHEET ADDRESS		53 STREET	ADDRESS			
City-\$t-7:P		5.4 CiTY- S	T-ZIP			
TIFLE	DELETE	61 TITLE			□ c	nange 🔲 Additi
NAME		62 NAME				
STHEEL ADDRESS		63 STREET	ADDRESS			
CHY-S1-ZIP		64 CiTY - S'				

14. I do 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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am 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 Brock 12 or Block 13 in that in a contract with an address.

SIGNATURE: LESTER MEINE DE LESTER WEINBERGER 1/31/97 305-271.2 451

1034 (3/30)