CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 AM 9:26
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 828311 (1)

1. Corporation Name
CONSOLIDATED WATER COMPANY

Principal Place of Business	Mailing Address
255 ALHAMBRA CIR 9TH FLOOR CORAL GABLES FL 33134	255 ALHAMBRA CIR 9TH FLOOR CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/18/1972
3a. Date of Last Report: 04/19/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 36-2365089 ☐ 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

9. Name and Address of Current Registered Agent

GORDON, ROBERT B
255 ALHAMBRA CIRCLE
9TH FLOOR
CORAL GABLES FL 33134

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~D~~	11 TITLE	D/P	☒ Change ☐ Addition
NAME	GORDON, ROBERT B	12 NAME		
STREET ADDRESS	255 ALHAMBRA CIRCLE	13 STREET ADDRESS		
CITY ST ZIP	CORAL GABLES FL	14 CITY ST ZIP		
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	GETMAN, DENNIS J.	22 NAME		
STREET ADDRESS	255 ALHAMBRA CIRCLE,	23 STREET ADDRESS		
CITY ST ZIP	CORAL GABLES FL	24 CITY ST ZIP		
TITLE	D	31 TITLE		☐ Change ☐ Addition
NAME	MCNAIRY, CHARLES L	32 NAME		
STREET ADDRESS	255 ALHAMBRA CIRCLE	33 STREET ADDRESS		
CITY ST ZIP	CORAL GABLES FL	34 CITY ST ZIP		
TITLE	~~D~~	41 TITLE	D/V	☒ Change ☐ Addition
NAME	ALLEN, GERALD S.	42 NAME	ALLEN, GERALD S.	
STREET ADDRESS	255 ALHAMBRA CIRCLE	43 STREET ADDRESS	4837 SWIFT RD., #200	
CITY ST ZIP	CORAL GABLES FL	44 CITY ST ZIP	SARASOTA, FL 34231	
TITLE	~~SAT~~	51 TITLE	V/T	☐ Change ☒ Addition
NAME	~~FALLEUR, PATRICIA~~	52 NAME	MURPHY, MICHAEL	
STREET ADDRESS	255 ALHAMBRA CIRCLE	53 STREET ADDRESS	4837 SWIFT RD., # 200	
CITY ST ZIP	CORAL GABLES FL	54 CITY ST ZIP	SARASOTA, FL 34231	
TITLE	~~D~~	61 TITLE	S	☐ Change ☒ Addition
NAME	~~ROBERT B. GORDON~~	62 NAME	CHUBBUCK, ANITA	
STREET ADDRESS	201 ALHAMBRA CIRCLE	63 STREET ADDRESS	4837 SWIFT RD., #200	
CITY ST ZIP	CORAL GABLES FL	64 CITY ST ZIP	SARASOTA, FL 34231	

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)(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.

SIGNATURE: Robert B. Gordon 4/18/95 305-442-7000
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL SIGNING (FINAL DIRECTOR)
ROBERT B. GORDON, PRESIDENT

0161902 CP