


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

FILED

Apr 25 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F95000001675 (6)**

1. Corporation Name

**U.S. FILTER LATIN AMERICA, INC.**



Principal Place of Business

**1919 N.W. 19TH ST.  
1209 ORANGE ST.  
FT. LAUDERDALE FL 33301  
US**

Mailing Address

**10 TECHNOLOGY DRIVE  
LOWELL MA 01851-2728  
US**

3. Date Incorporated or Qualified

**04/06/1995**

3a. Date of Last Report

**06/20/1996**

4. FEI Number

**65-0578725**

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PIQUE, GONZALEZ G	
STREET ADDRESS	40-004 COOK ST.	
CITY-ST-ZIP	PALM DESERT CA	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GEORGINO, DAMIAN	
STREET ADDRESS	40-004 COOK ST.	
CITY-ST-ZIP	PALM DESERT CA	
TITLE	VTD	<input type="checkbox"/> DELETE
NAME	SPENCE, KEVIN L	
STREET ADDRESS	40-004 COOK ST.	
CITY-ST-ZIP	PALM DESERT CA	
TITLE	C	<input checked="" type="checkbox"/> DELETE
NAME	BLASI, DAVID L	
STREET ADDRESS	40-004 COOK ST.	
CITY-ST-ZIP	PALM DESERT CA	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	OSBORNE, DORRIE B	
STREET ADDRESS	40-004 COOK ST.	
CITY-ST-ZIP	PALM DESERT CA	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	HUENNEKENS, DUANE	
STREET ADDRESS	40-004 COOK ST.	
CITY-ST-ZIP	PALM DESERT CA	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VP, S
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	VP, D
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	VP, C, T
4.3 STREET ADDRESS	JAMES W. DIERKER
4.4 CITY-ST-ZIP	40-004 COOK ST.
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	ASST. SECY.
5.3 STREET ADDRESS	KATHERINE M. DREWEX
5.4 CITY-ST-ZIP	1901 S. PRAIRIE AVE
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	WAKESHA, WI 53186
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

*[Signature]* ASST Secy. 4/10/97 414-521-8504

CR2E034 (9/96)