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Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90031 025 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H08899

1. Corporation Name
AQUA INTERNATIONAL, INC.

Principal Place of Business

Mailing Address

115 Ocean Lane Dr.
Key Biscayne, FL

2929 E. Commercial Blvd.
Suite 409
Fort Lauderdale, FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/20/1984

FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 115 Ocean Lane Dr. apt. W12
Suite, Apt. #, etc.

25 2929 E. Commercial Blvd.
Suite, Apt. #, etc.

22 Key Biscayne, FL
City & State

27 Suite 409
City & State

23 33149 U.S.A.
Zip

Country

28 Fort Lauderdale, FL
City & State

Zip

Country

24 33308
Zip

Country

29 33308
Zip

30 U.S.A.
Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WAKEFIELD, Thomas
91 W. McIntyre Street
Suite 202
Key Biscayne, FL 33149

81 Name **Richard A. REPOSA**

82 Street Address (P.O. Box Number is Not Acceptable)

2929 E. Commercial Boulevard

83 Suite 409

84 City

Fort Lauderdale

FL

85 Zip Code

33308

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

4/22/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **SD** ☒ DELETE
NAME **MULLENBACH, HANS**
STREET ADDRESS **1121 CRANDON BLVD., STE. F-505**
CITY-ST-ZIP **KEY BISCAIYNE FL**

TITLE **PD** ☐ DELETE
NAME **MORENO, EMMA**
STREET ADDRESS **1121 CRANDON BLVD., STE. F-505**
CITY-ST-ZIP **KEY BISCAIYNE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE **PD** ☒ Change ☐ Addition
2.2 NAME **Moreno, Emma Claudia**
2.3 STREET ADDRESS **Kra. 3 #91-40, Piso 4**
2.4 CITY-ST-ZIP **Bogota, Colombia South America**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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: **Emma Moreno**

April 18th 1999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0221569