

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # J12465

(7)

1. Corporation Name

AQUA MASSAGE, INC.

FILED

95 JUL 25 AM 8:22

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Principal Place of Business

2705 W. 76 ST
316 MINORCA AVENUE
HIALEAH FL 33016

Mailing Address

2705 W. 76 ST
316 MINORCA AVENUE
HIALEAH FL 33016

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
05/02/1986

3a. Date of Last Report
05/01/1994

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

4. FEI Number
59-2732135

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

10. Name and Address of New Registered Agent

MARTINEZ, RAUL
2705 W 76 ST
HIALEAH FL 33016

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]

(Type or print name of registered agent and title, if applicable)

(NOTE: Registered Agent signature required when reappointing)

7-19-95
DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

12. NAME
STREET ADDRESS
CITY ST ZIP

DP
MARTINEZ, RAUL
2705 WEST 76 STREET
HIALEAH FL

11. TITLE
12. NAME
13. STREET ADDRESS
14. CITY - ST - ZIP

15. NAME
STREET ADDRESS
CITY ST ZIP

21. TITLE
22. NAME
23. STREET ADDRESS
24. CITY - ST - ZIP

25. NAME
STREET ADDRESS
CITY ST ZIP

31. TITLE
32. NAME
33. STREET ADDRESS
34. CITY - ST - ZIP

35. NAME
STREET ADDRESS
CITY ST ZIP

41. TITLE
42. NAME
43. STREET ADDRESS
44. CITY - ST - ZIP

45. NAME
STREET ADDRESS
CITY ST ZIP

51. TITLE
52. NAME
53. STREET ADDRESS
54. CITY - ST - ZIP

55. NAME
STREET ADDRESS
CITY ST ZIP

61. TITLE
62. NAME
63. STREET ADDRESS
64. CITY - ST - ZIP

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)(b), 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, in certain attachment with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-19-95
Date

(Type or Print Name)

CR2E034 (3/95)