

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

MAY -1 AM 3:05

DOCUMENT # **J65604** (7)

1. Corporation Name
BUDGET POOL SERVICE, CORP.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business: **P.O. BOX 970648 MIAMI FL 33197**
Mailing Address: **13925 S BISCAYNE RIVER MIAMI FL 33161 US**

DO NOT WRITE IN THIS SPACE

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| 25 | 30 |

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|---|--------------------------------|
| 3. Date Incorporated or Qualified | 3b. Date of Last Report |
| 04/03/1987 | 04/29/1994 |
| 4. FEI Number | Applied For |
| 59-2791961 | 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. The corporation has liability for enterprise tax under S. 190.02 Florida Statutes. | Yes No |

9. Name and Address of Current Registered Agent
**MORETTI ANTONIO DANIEL
7927 EAST DR. # 275
N. BAY VILLAGE FL 33141**

| |
|--|
| 10. Name and Address of New Registered Agent |
| B1 Name |
| B2 Street Address (P.O. Box Number or Post Office Address) |
| B3 City |
| B4 State |
| B5 Zip Code |

11. Pursuant to the provisions of Sections 607.02(1) and 607.15(1)(b), Florida Statutes, the state 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. Thereby accept the appointment of registered agent. I am familiar with and accept the obligations of Section 607.02(1)(b), Florida Statutes.

SIGNATURE _____

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|-------------------------------|
| NAME | P QUINTANA, SERGIO GABRIEL |
| STREET ADDRESS | 12230 SW 207 TERR |
| CITY | MIAMI FL |
| NAME | S MORETTI DANIEL ANTONIO |
| STREET ADDRESS | 7927 EAST DR., #275 |
| CITY | N. BAY VILLAGE FL |
| NAME | |
| STREET ADDRESS | |
| CITY | |
| NAME | |
| STREET ADDRESS | |
| CITY | |
| NAME | |
| STREET ADDRESS | |
| CITY | |

| 13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS | |
|--|---|
| NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | |
| CITY | |
| NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| STREET ADDRESS | |
| CITY | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the filing date stated on Form 1190 (2/90), Florida Statutes. I further certify that the information made and on this annual report or supplemental annual report is true and accurate and that the signatories shall have the same responsibility as if they were duly qualified officers or directors of the corporation or the registered agent responsible to make into this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, or Block 2, of this report, or on an affidavit with an address.

SIGNATURE: *[Signature]* MORETTI, DANIEL A
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/95

(205) 390-2140