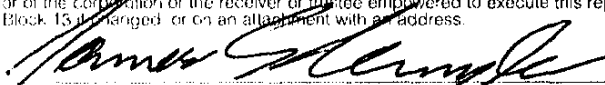


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 592128 1. Corporation Name HYDRO-TECH GENERAL INDUSTRIES, INC.			
* Principal Place of Business 240 SW 30-BAY3 Ft. Lauderdale, FL 33315		* Mailing Address 18495. South Dixie Hwy #344 MIAMI, FL 33157	
2. Principal Place of Business		3a. Date of Last Report 09-10-96	
21. Suite, Apt. #, etc.		3. Date Incorporated or Qualified 09-14-1987	
22. City & State		4. FEI Number 59-2225659	
23. Zip		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
24. Country		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
25. Country		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	
26. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	
27. Country		9. Name and Address of Current Registered Agent	
28. Country		10. Name and Address of New Registered Agent	
29. Country		81. Name	
30. Country		82. Street Address (P.O. Box Number is Not Acceptable)	
31. Country		83. City	
32. Country		84. Zip Code	
33. Country		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 _____ DATE _____ (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE NAME STREET ADDRESS CITY- ST- ZIP		11. TITLE 12. NAME 13. STREET ADDRESS 14. CITY- ST- ZIP	
2. TITLE NAME STREET ADDRESS CITY- ST- ZIP		21. TITLE 22. NAME 23. STREET ADDRESS 24. CITY- ST- ZIP	
3. TITLE NAME STREET ADDRESS CITY- ST- ZIP		31. TITLE 32. NAME 33. STREET ADDRESS 34. CITY- ST- ZIP	
4. TITLE NAME STREET ADDRESS CITY- ST- ZIP		41. TITLE 42. NAME 43. STREET ADDRESS 44. CITY- ST- ZIP	
5. TITLE NAME STREET ADDRESS CITY- ST- ZIP		51. TITLE 52. NAME 53. STREET ADDRESS 54. CITY- ST- ZIP	
6. TITLE NAME STREET ADDRESS CITY- ST- ZIP		61. TITLE 62. NAME 63. STREET ADDRESS 64. CITY- ST- ZIP	
7. TITLE NAME STREET ADDRESS CITY- ST- ZIP		71. TITLE 72. NAME 73. STREET ADDRESS 74. CITY- ST- ZIP	
8. TITLE NAME STREET ADDRESS CITY- ST- ZIP		81. TITLE 82. NAME 83. STREET ADDRESS 84. CITY- ST- ZIP	
9. TITLE NAME STREET ADDRESS CITY- ST- ZIP		91. TITLE 92. NAME 93. STREET ADDRESS 94. CITY- ST- ZIP	
10. TITLE NAME STREET ADDRESS CITY- ST- ZIP		101. TITLE 102. NAME 103. STREET ADDRESS 104. CITY- ST- ZIP	
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14. TITLE NAME STREET ADDRESS CITY- ST- ZIP		141. TITLE 142. NAME 143. STREET ADDRESS 144. CITY- ST- ZIP	
15. TITLE NAME STREET ADDRESS CITY- ST- ZIP		151. TITLE 152. NAME 153. STREET ADDRESS 154. CITY- ST- ZIP	
16. TITLE NAME STREET ADDRESS CITY- ST- ZIP		161. TITLE 162. NAME 163. STREET ADDRESS 164. CITY- ST- ZIP	
17. TITLE NAME STREET ADDRESS CITY- ST- ZIP		171. TITLE 172. NAME 173. STREET ADDRESS 174. CITY- ST- ZIP	
18. TITLE NAME STREET ADDRESS CITY- ST- ZIP		181. TITLE 182. NAME 183. STREET ADDRESS 184. CITY- ST- ZIP	
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58. TITLE NAME STREET ADDRESS CITY- ST- ZIP		581. TITLE 582. NAME 583. STREET ADDRESS 584. CITY- ST- ZIP	
59. TITLE NAME STREET ADDRESS CITY- ST- ZIP		591. TITLE 592. NAME 593. STREET ADDRESS 594. CITY- ST- ZIP	
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100. TITLE NAME STREET ADDRESS CITY- ST- ZIP		1001. TITLE 1002. NAME 1003. STREET ADDRESS 1004. 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, unchanged, or on an attachment with an address.			
SIGNATURE: 		4-6-97 (305) 254-9742	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

CR2E034 (9/96)