FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 JUL -6 AM 8:31

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K26062 (5)

1. Corporation Name

AA&J HEALTH AND AQUATIC SAFETY, INC.

Principal Place of Business	Mailing Address
% ANDREW CIURO XXXXXXXXXX XXXXXXXXX	% ANDREW CIURO XXXXXXXXXXXX XXXXXXXXXXXX

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 9625 S.W. 183 ST	26 9625 S.W. 183 ST
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State MIAMI FL	28 City & State MIAMI FL
24 33157 25 USA	29 33157 30 USA

3. Date Incorporated or Qualified: 06/06/1980

3a. Date of Last Report: 06/21/1994

4. FEI Number: 65-0107569 — 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. ... Florida Statutes ☐ Yes XX No

9. Name and Address of Current Registered Agent

CIURO, ANDREW
XXXXXXXXXXX 9625 S.W. 183 ST
XXXXXXXXXXX MIAMI FL 33157

10. Name and Address of New Registered Agent

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 617.0502, 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 ______ Registered Agent signature ______ Date

12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
TITLE	DP	1 TITLE	☐ Change ☐ Addition
NAME	CIURO, ANDREW	1 NAME	
STREET ADDRESS	XXXXXXXXXX 9625 SW 183 ST	1 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33157	1 CITY-ST-ZIP	
TITLE	XX	2 TITLE	☐ Change ☐ Addition
NAME	XXXXXXXXXX	2 NAME	
STREET ADDRESS	XXXXXXXXXX	2 STREET ADDRESS	
CITY-ST-ZIP	XXXXXXX	2 CITY-ST-ZIP	
TITLE	D	3 TITLE	☐ Change ☐ Addition
NAME	CIURO, ANDREA	3 NAME	
STREET ADDRESS	XXXXXXXXXXX 9625 SW 183 ST	3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33157	3 CITY-ST-ZIP	
TITLE		4 TITLE	☐ Change ☐ Addition
NAME		4 NAME	
STREET ADDRESS		4 STREET ADDRESS	
CITY-ST-ZIP		4 CITY-ST-ZIP	
TITLE		5 TITLE	☐ Change ☐ Addition
NAME		5 NAME	
STREET ADDRESS		5 STREET ADDRESS	
CITY-ST-ZIP		5 CITY-ST-ZIP	
TITLE		6 TITLE	☐ Change ☐ Addition
NAME		6 NAME	
STREET ADDRESS		6 STREET ADDRESS	
CITY-ST-ZIP		6 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(1)(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] ANDREW CIURO 06-23-95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0197384 CP