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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -2 AM 8:58

DOCUMENT # **L33355** **(3)**

1. Corporation Name
NATIONAL WATER INC.

Principal Place of Business	Mailing Address
1378 CORAL WAY 5TH FLOOR MIAMI FL 33145	1378 CORAL WAY 5TH FLOOR MIAMI FL 33145

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **11/29/1989**
3a. Date of Last Report: **05/01/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / 29
Country — 25 / 30

4. FEI Number: **65-0160312** ☐ 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

~~GARCIA, JESUS~~
~~1378 CORAL WAY~~
~~5TH FLOOR~~
~~MIAMI FL 33145~~

10. Name and Address of New Registered Agent

81 Name: Garcia,Judith
82 Street Address (P.O. Box Number is Not Acceptable): 1065 E. 14 St.
83
84 City: Hialeah,Fl. **FL** 85 Zip Code: 33010

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 mandatory) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	~~PD~~	11 TITLE	PD	☐ Change ☐ Addition
NAME	~~JESUS GARCIA~~	12 NAME	Garcia,Judith	
STREET ADDRESS	~~1256 SW 17TH ST~~	13 STREET ADDRESS	1065 E. 14 St.	
CITY ST ZIP	~~MIAMI FL 33145~~	14 CITY ST ZIP	Hialeah,Fl.33010	
TITLE	~~VD~~	21 TITLE		☐ Change ☐ Addition
NAME	~~GARCIA, JUDITH~~	22 NAME		
STREET ADDRESS	~~1895 SW 17 TERRACE~~	23 STREET ADDRESS		
CITY ST ZIP	~~MIAMI FL~~	24 CITY ST ZIP		
TITLE	~~STD~~	31 TITLE		☐ Change ☐ Addition
NAME	~~DIAZ, JOAQUIN J.~~	32 NAME		
STREET ADDRESS	~~415 SW 18 TERRACE~~	33 STREET ADDRESS		
CITY ST ZIP	~~MIAMI FL~~	34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		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)(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: Judith Garcia
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0187740 CP