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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OPSTATE

Sandra B Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # 1. Corporation Name M47149

(3)

WARRANTY WATER FILTER INC.

Principal Place of Business Mailing Address							ON BANK DIŞKI D		
B816 NW 1 HIALEAH G	15 STREET BARDENS FL 33016		8816 NW 115 STREET HIALEAH GARDENS FL 33016						
						3. Date Incorporated or Qualified 3a. [02/24/1987	Date of Last F 05/01/		
2. Principal Pla	oce of Business	h1	2a. Mailing Address			4. FEI Number	1	Applied For	
Suite, Apt.	# etc	26 Suite, Apt.	# etc			59-2784185	60.7	Not Applicable	
22 City & State		27	City & State			5. Certificate of Status Desired	\$8.75 Additional Fee Required		
23		F · · · · · ·	City & State			6. Election Campaign Financing Trust Fund Contribution		00 May Be ed to Fees	
Zip			Col	Country		8. This corporation has liability for intangib			
24	25				e	Florida Statutes 🗹 Yes 🗌 No			
9, Name and Address of Current Registered Agent 81						10. Name and Address of New Registered Agent			
EDA A	MOEI				Name				
ERA, A	IW 115TH STREET			82	Street Addre	ddress (P.O. Box Number is Not Acceptable)			
	AH GARDENS FL 33016			83					
				84	City				
					,	F	·L '	ip Code	
11. Pursuant to or registere familiar wit	o the provisions of Sections 607.05 ed agent, or both, in the State of Fic h, and accept the obligations of, Se	i02 and 607.1608, Floi orida. Such change wa ection 607.0605, Floric	rida Statutes, the abo as authorized by the la Statutes.	ove-r corp	named corpora oration's boar	ation submits this statement for the purpose of d of directors. Thereby accept the appointmen	changing its as registere	registered office d agent. I am	
SIGNATURE,									
12.	Skyrature, typed or printed name of registered ag OFFICERS A	iont and the if application AND DIRECTORS	(NOTE: Rogistered	1 Agent	t signature required			000 11 10	
TITLE	PTD		TLETE 1 1 1 1	ini.F	•	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO		
NAME	ERA, ANGEL	E	12 N				L_1 Only	E) Addition	
STREET ADDRESS				1 3 STREET ADDRESS					
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NAME			52 N						
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NAME		الـا لـا					change	T Managai	
STREET ADDRESS			62 N		VIVUBECC				
CITY-ST-ZIP			1	TREET 11Y-S	ADDRESS			ļ	
	L y certify that the information supplic	d with this filing is volu				or the exemption stated in Section 119.07(3)(k),	Florida Statu	ites. 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 logal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee compowered 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 a rather than the corporation of the receiver or trustee compowered 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 a rather than the corporation of the co

SIGNATURE:

SIGNATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/56

Daytime Phone #