

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 28, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # N49087**

1. Entity Name  
**MANANTIAL DE AGUAS VIVAS, INC.**



Principal Place of Business  
**POST OFFICE BOX 35-1116  
MIAMI, FL 33135**

Mailing Address  
**POST OFFICE BOX 35-1116  
MIAMI, FL 33135**



01072004 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0403576**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

**6. Name and Address of Current Registered Agent**

**SCHWARTZ, MARIA R.  
158 SOUTHWEST 98TH COURT  
MIAMI, FL 33174**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

000000134849  
04/28/04-80037-002 61.25

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD SCHWARTZ, MARIA 158 SW 96TH CT. MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD ORTIZ, OLGA 5131 SW 1ST ST. MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD DEARMAS, ALICIA 1050 PALERMO AVE. CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD ORTIZ, ROSELO 5131 SW 1ST ST. MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-26-04

Date

305-372-1711

Daytime Phone #