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 MAY -1 AM 4:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # P92000003508 (8)

1. Corporation Name
EXCEL PURE WATER SYSTEMS INC.

Principal Place of Business	Mailing Address
4729 POSEIDON PL LAKE WORTH FL 33463	4729 POSEIDON PL LAKE WORTH FL 33463

3. Date Incorporated or Qualified: **11/04/1992**
3a. Date of Last Report: **01/25/1994**

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

4. FEI Number: **NOT APPLICABLE** — ☐ 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

COCHRAN, MARK
4729 POSEIDON PL
LAKE WORTH FL 33463

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 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

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	COCHRAN, MARK
STREET ADDRESS	4729 POSEIDON PLA
CITY-ST-ZIP	LAKE WORTH FL
TITLE	VP
NAME	COCHRAN, CAROL
STREET ADDRESS	4729 POSEIDON PLACE
CITY-ST-ZIP	LAKE WORTH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

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 the 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: Carol J. Cochran — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/28/95 Daytime Phone #: (407) 434-9596

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CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
(Division of Corporations)

APPROVED
FILED

DOCUMENT # **P92000003964 (3)**

1. Corporate Name

SJS CONSULTING SERVICES, INC.

Principal Place of Business	Mailing Address
16451 NW 82ND PLACE MIAMI FL 33016-3477 US	16451 NW 82ND PLACE MIAMI FL 33016-3477 US

DO NOT WRITE IN THIS SPACE

3. Date of Organization or Qualification: **11/12/1992**	3a. Date of Last Report: **04/29/1994**
4. FEI Number: **65-0368446**	☐ 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	

21 Street Address
22 Suite, Apt. #, etc.
23 City & State
24 Zip
25 County

26 Street Address
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 County

9. Name and Address of Current Registered Agent

PEREZ, SAUL JR
16451 NW 82ND PL
MIAMI FL 33016

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 Section 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

(If changing Registered Agent, this signature must be that of the new Registered Agent appointed in this document) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '97	
91 TITLE	D	91 TITLE	☐ Change ☐ Addition
92 NAME	PEREZ, SAUL JR	92 NAME	
93 STREET ADDRESS	16451 NW 82ND PL	93 STREET ADDRESS	
94 CITY-ST-ZIP	MIAMI FL 33016	94 CITY-ST-ZIP	
95 TITLE		95 TITLE	☐ Change ☐ Addition
96 NAME		96 NAME	
97 STREET ADDRESS		97 STREET ADDRESS	
98 CITY-ST-ZIP		98 CITY-ST-ZIP	
99 TITLE		99 TITLE	☐ Change ☐ Addition
100 NAME		100 NAME	
101 STREET ADDRESS		101 STREET ADDRESS	
102 CITY-ST-ZIP		102 CITY-ST-ZIP	
103 TITLE		103 TITLE	☐ Change ☐ Addition
104 NAME		104 NAME	
105 STREET ADDRESS		105 STREET ADDRESS	
106 CITY-ST-ZIP		106 CITY-ST-ZIP	
107 TITLE		107 TITLE	☐ Change ☐ Addition
108 NAME		108 NAME	
109 STREET ADDRESS		109 STREET ADDRESS	
110 CITY-ST-ZIP		110 CITY-ST-ZIP	
111 TITLE		111 TITLE	☐ Change ☐ Addition
112 NAME		112 NAME	
113 STREET ADDRESS		113 STREET ADDRESS	
114 CITY-ST-ZIP		114 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this report is 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 with an address.

SIGNATURE: Saul Perez Jr. 4/21/95 (305) 558-0822

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

0087704 CR