SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CÖRPORATION **ANNUAL REPORT**

1997



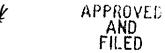
FLORIDA DEPARTMENT OF STATE

, Sandra B. Morthagii 🤜

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000017493 (6)

AMAYA POOL SERVICE INC.



97 AUG 18 PM 2: 56

SECRETARY OF STATE TALLAHASSEE. FLORIDA



Principal Place of Business Mailing Address					I TO DEFENDE AND TO TOP AND THE CONTROL OF THE CONT	IIII daad i iibki ii		
5220 NW 2ND STREET MIAMI FL 33126		5220 NW 2ND STREET MIAMI FL 33126		DO NOT WRITE	E IN THIS SP	ACE		
					3. Date Incorporated or Qualified		of Last R	eport
					03/09/1993	03/2	5/1996	
2. Principal P	lace of Business	2a. Mailing Address		•	4. FEI Number			plied For
21 26					65-0393968			t Applicable
Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75	
27							Fee Re	·
23	5	28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees			
Zip	Country	Zip Country		у	8. This corporation owes or has paid the current year Intangible			
24	25	29	30		Personal Property Tax due June 30. Yes No			
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Re	gistered Ag	ent	
Bri	TO, GEORGE		8	l Name				
407 LINCOLN RD., #5B			8:	2 Street Ac	ddress (P.O. Box Number is Not Acceptable)			
MIAMI BEACH FL 33139								
			8:	3				
			84	1 City			85 Zip (Code
44 0	1. No	00 1 002 4C00 Fb : id. Otal I		1		FL_		
Office or r	to the provisions of Sections 607.051 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida. Such change was a	uthorized h	ov the corpo	orporation submits this statement for the pration's board of directors. I hereby acce	pt the appoi	nanging it ntment as	s registered registered
SIGNATURE								
12.	Signature, typed or printed name of registered ag	ent and title if applicable (NOTE ID DIRECTORS	Registered A	gent signature re	quired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE	DECTOR	2 (K) 12
TITLE	P	DELETE 1.1 TI			ADDITIONS/CITANGES TO OTTI		Change	Addition
NAME	AMAYA, MIGUEL		1.2 NAME				_ change	
STREET ADDRESS	407 LINCOLN RD., #5B			T ADDRESS				
CITY-ST-ZIP	MIAMI BEACH FL 33139	1.4 0		SI-ZIP				
TITLE	V	DELETE 2.1 TIT					Change	Addition
NAME	AMAYA, CONCEPCION	2.2 NA						
STREET ADDRESS	407 LINCOLN RD., #5B	23 \$1		T ADDRESS				
CITY-ST-ZIP	MIAMI BEACH FL 33139			- ST - Z(P				
TITLE	8	DELETE 3.1 TH		-		Ι	Change	Addition
NAME	AMAYA, HENRY		3.2 NAME					
STREET ADDRESS	407 LINCOLN RD., #5B		3.3 STREE	T ADDRESS				1
City-ST-ZIP	MIAMI BEACH FL 33139	T DELETE	3.4. CITY	- \$1 - ZIP			1 2	Call Carlow
TITLE à	ALIAVA DATOINA	☐ DELETE	4.1 TITLE				Change	Addition
NAME .	AMAYA, PATRICIA L		4. 2 NAM	i i	400002 <i>2</i> -08/20/	27-71	∩E2	B
STREET ADDRESS CITY-ST-ZIP	407 LINCOLN RD., #5B			1 ADDRESS	****16	ຮັດດີ	 	25 00
TITLE	MIAMI BEACH FL 33139	☐ DELETE	4.4 CITY - 5.1 TITLE	ST-ZIP	444416		Change	Addition
NAME		L OLL IL	5.1 TITLE 5.2 NAME) Analific	☐ ₩ONION
STREET ADDRESS				T ADDRESS	•			
CITY-ST-ZIP					A	•		
TITLE		☐ DELETE	5.4 CITY- 6.1 TITLE	31-4fr	Malia		Change	Addition
NAME			6.2 NAME		PX VOI(1)	-	80	
STREET ADDRESS				1 ADDRESS				
CITY-ST-ZIP		,	6.4 CITY-					

I do hereby certify that the information supplied with this filing 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 required empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if physical, or on the required with an address.

0- 24.82 225-824-9292