

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 03, 1999 8:00 am  
Secretary of State

03-03-1999 90014 040 \*\*\*150.00

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DOCUMENT # P93000030061

1. Corporation Name  
AQUA TERRA INC.

Principal Place of Business  
3250 CORPORATE WAY  
MIRAMAR FL 33025  
US

Mailing Address  
3250 CORPORATE WAY  
MIRAMAR FL 33025  
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 9291 Oak Grove Circle

Suite, Apt. #, etc.

22

City & State

23 Davie, Florida

Zip

24 33328

Country

25 USA

2a. Mailing Address

26 9291 Oak Grove Circle

Suite, Apt. #, etc.

27

City & State

28 Davie, Florida

Zip

29 33328

Country

30 USA

3. Date Incorporated or Qualified

04/23/1993

4. FEI Number

65-0464102

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 owes the current year Intangible

Personal Property Tax.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

MEYERS, RICHARD K  
C/O AQUA TERRA, INC.  
3250 CORPORATE WAY  
MIRAMAR FL 33025

10. Name and Address of New Registered Agent

81 Name Richard K. Meyers

82 Street Address (P.O. Box Number is Not Acceptable)

9291 Oak Grove Circle

83

84 City Davie, Florida

FL

85 Zip Code 33328

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

Richard K. Meyers

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/18/99

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME DUQUE, ISIDRO A  
STREET ADDRESS 402 NAVARRE  
CITY-ST-ZIP CORAL GABLES FL 33134

TITLE VS ☐ DELETE  
NAME MEYERS, RICHARD K  
STREET ADDRESS 9291 OAK GROVE CIRCLE  
CITY-ST-ZIP DAVIE FL 33328

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☐ Change ☐ Addition  
1.2 NAME Isidro A. Duque  
1.3 STREET ADDRESS 1406 Genoa Street  
1.4 CITY-ST-ZIP Coral Gables, FL 33134

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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 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, with all other like empowered.

SIGNATURE:

Richard K. Meyers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/99 (954) 473-1600

Date

Daytime Phone #

CR2E034 (11/98)