SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
95 AUG -7 AM 10:57
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P93000063638 (9)**

1. Corporation Name
HEALTHY WATER SYSTEM, INCORPORATED

Principal Place of Business	Mailing Address
11452 SW 190 TERRACE RD. MIAMI FL 33157	11452 SW 190 TERRACE RD. MIAMI FL 33157

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/14/1993
3a. Date of Last Report: 08/19/1994

2. Principal Place of Business	2a. Mailing Address
21 6501 NW 36 STREET	26 6501 NW 36 STREET
Suite, Apt. #, etc. 22 184	Suite, Apt. #, etc. 27 184
City & State 23 MIAMI, FLA.	City & State 28 MIAMI, FLA
ZIP 24 33166	Country 25 U.S.A.
ZIP 29 33166	Country 30 U.S.A.

4. FEI Number: 65-0436921 — ☐ 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 unemployment tax under s. 443.036, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GRANA, NESTOR J 11452 SW 190 TERRACE RD. MIAMI FL 33157	81 Name: NESTOR R. OBARRIO 82 Street Address (P.O. Box Number is Not Acceptable): 1630 W 46 STREET #211 83 84 City: HIALEAH FL 85 Zip Code: 33012

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: [signature] NESTOR R. OBARRIO — 08-02-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONAL OFFICERS AND DIRECTORS	
TITLE	P	11 TITLE	P/S ☐ Change ☐ Addition
NAME	GRANA, NESTOR J.	12 NAME	OBARRIO, NESTOR R.
STREET ADDRESS	11452 SW 190 TERRACE RD.	13 STREET ADDRESS	1630 W 46 ST. #211
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	HIALEAH FLA 33012
TITLE	S	21 TITLE	T ☐ Change ☐ Addition
NAME	OBARRIO, NESTOR R	22 NAME	ZULUAGA, ALVARO
STREET ADDRESS	1630 W. 46 STREET #211	23 STREET ADDRESS	10449 NW 8 STREET.
CITY-ST-ZIP	HIALEAH FL 33016	24 CITY-ST-ZIP	PEMBROKE PINES FL. 33026
TITLE	T	31 TITLE	☐ Change ☐ Addition
NAME	ZULUAGA, ALVARO	32 NAME	
STREET ADDRESS	10449 NW 8 STREET	33 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (3/95)

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 this 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: [signature] NESTOR R OBARRIO — 08-02-95 — (305)871-9955
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL WHO SIGNED — Date — Area Code & Daytime Phone Number

0053423 CP