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

PROFIT CORPORATION ANNUAL REPORT

**1998** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 20 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

CITY-ST-ZIP

Block 12 or Block 13 if changed

P93000063638 (9)

HEALTHY WATER SYSTEM, INCORPORATED

Mailing Address Principal Place of Business 6501 NW 36TH ST 8501 NW 36TH ST **STE 184** STE 184 DO NOT WRITE IN THIS SPACE MIAMI FL 33166 MIAMI FL 33166 3. Date Incorporated or Qualified 09/14/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 4410W 16 Th AUR 4410W Hinlenh 65-0436921 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Su (Te # 5 Fee Required 27 City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 28 Country 8. This corporation owes or has paid the current year Intengible Personal Property Tax due June 30. Yes 30 29 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent OBARRIO, NESTOR R ALVARO 1630 W 46TH ST Street Address (P.O. Box Number is Not Acceptable) 10449 N.W 85T STE 211 83 HIALEAH FL 33012 PEMBOOKO PINES Zip Code 33026 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-pamed 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 high control of directors. I hereby accept the appointment as registered office or registered agent, or both, in the State of Florida. Such change was authorized by the agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida. Statute ALUARO ZULUAGA SIGNATURE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13/ 12. PS DELETE Change Addition 11 HTU TITLE ZULUAGA ALVARO OBARRIO, NESTOR R 1.2 NAME NAME 10449 NW 85t. 1630 W. 46 STREET #211 1.3 STREET ADDRESS STREET ADDRESS PENBROKE PINES FLA HIALEAH FL CiTY-ST-7IP 1.4 CITY-ST-ZIP Change Addition DELETE 2.1 TITLE MARTHA LULUAGA TITLE ZULUAGA, ALVARO NAME 10449 N.W 8 ST. **10449 NW 8 STREET** 2.3 STREET ADDRESS STREET ADDRESS POMBOOKE PINES FLA PEMBROKE PINES FL CITY-ST-ZIP 2.4 CITY - ST - ZIP Change DELETE Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS 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 suppliemental 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 as the property of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in