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May 13, 1999 8:00 am
Secretary of State
05-13-1999 90035 021 ***150.00

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # P93000063638

1. Corporation Name
HEALTHY WATER SYSTEM, INCORPORATED

Principal Place of Business
4410 W 16TH AVE
HIALEAH, FLA 33012

Mailing Address
SUIT # 5-124

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26 SAME
Suite, Apt. #, etc. 22 4410 W 16TH AVE	Suite, Apt. #, etc 27 5-124
City & State 23 HIALEAH FLA	City & State 28
Zip 24 33012 Country 25	Zip 29 Country 30

3. Date Incorporated or Qualified

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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

ALVARO ZULUAGA
334 LAKE VIEW DR B.53 #102
WESTON, FLA 33326

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 ALVARO ZULUAGA — 4-15-99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when changing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	ALVARO ZULUAGA	1.2 NAME	
STREET ADDRESS	334 LAKE VIEW DR B53#102	1.3 STREET ADDRESS	
CITY-ST-ZIP	WESTON FLA 33326	1.4 CITY-ST-ZIP	
TITLE	SECRETARY ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MARTHA ZULUAGA	2.2 NAME	
STREET ADDRESS	334 LAKE VIEW DR B53#102	2.3 STREET ADDRESS	
CITY-ST-ZIP	WESTON, FLA 33326	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: ALVARO ZULUAGA 4-15-99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #