

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # P94000003930 (2)

1. Corporation Name

AQUA HEALTH LATIN AMERICA, INC.



Principal Place of Business

7356 NW 34TH ST
MIAMI FL 33122

Mailing Address

7356 NW 34TH ST
MIAMI FL 33122

3. Date Incorporated or Qualified
01/18/1994

3a. Date of Last Report
03/07/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

65-0461412

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 intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RAMIREZ, FERNANDO
7356 NW 34TH STREET
SUITE 905
MIAMI FL 33122

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

Signature of person or persons changing the registered office, agent, or both

Signature of Registered Agent (signature is optional)

DATE

12. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
RAMIREZ, FERNANDO
9507 SW 118TH CT
MIAMI FL 33186 ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
GREENHAM, GERRI
555 MOUNT PLEASANT RD
TORONTO ONTARIO CANADA ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
SANSOM, H DOUGLAS
555 MOUNT PLEASANT RD
TORONTO ONTARIO CANADA ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
12 NAME
13 STREET ADDRESS
14 CITY - ST - ZIP
RAMIREZ, FERNANDO
5445 COLLINS AVE # M-5
MIAMI FL 33140 ☐ Change ☐ Addition

2.1 TITLE
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP
GREENHAM, GERRI
9011 LESLIE ST SUITE 301
RICHMOND HILL, ONTARIO L4B3B6 ☐ Change ☐ Addition

3.1 TITLE
32 NAME
33 STREET ADDRESS
34 CITY - ST - ZIP
SANSOM, H DOUGLAS
9011 LESLIE ST SUITE 301
RICHMOND HILL, ONTARIO L4B3B6 ☐ Change ☐ Addition

4.1 TITLE
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP
☐ Change ☐ Addition

5.1 TITLE
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP
☐ Change ☐ Addition

6.1 TITLE
62 NAME
63 STREET ADDRESS
64 CITY - ST - ZIP
☐ Change ☐ Addition

14. I do hereby certify that the information supplied in this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Fernando Ramirez

APR 28/96 (305) 591-8903

CR2E034 (12/95)