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

PROFIT CORPORATION **ANNUAL REPORT**



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P94000062505 (0)

TOMAH/	AWK, INC.							
Principal Place	of Business	Mailing Addre	ess					
9330 SW 165TI MIAMI FL 3315		9330 SW 165 MIAMI FL 331		DO NOT WRITE IN THIS SPACE				
				3. Date Incorporated or Qualified 08/22/1994				
2. Principal Pla	ice of Business	2a. Mailing Ac	ldress	4. FEI Number				
Suite, Apt. #	etc.	Suite, Apt.	#, etc.	65-0518302 6. Certificate of Status Desired	\$8.			
City & State		City & Stail 28	6	6. Election Campaign Financing Trust Fund Contribution	\$5 Ad			
Zip 24	Country 25	Zip 29	Country 30	This corporation owes or has paid the cu Personal Property Tax due June 30.	irrent ye			

FILED May 13 1998 8:00am Secretary of State



											08/22/1994		
2.	Principal Pl	lace of Busin	1058		20.	Mailing Address					4. FEI Number		oplied For
11				2	6						65-0518302		lot Applicable
22	Suite, Apt. :	, Apt. #, etc.		2	Suile, Apt. #, etc.					6. Certificate of Status Desired		\$8.75 Additional Fee Required	
_ '	City & State	9				City & State					6. Election Campaign Financing	\$5.00	May Be
23				2	8						Trust Fund Contribution		to Fees
;	Zip		Country			Zip	L, c∞	untry			8. This corporation owes or has paid the co		
24			25		19		30					☐ Yes M	A-No
			and Address of	Current Re	gist	lered Agent					10. Name and Address of New Registered	Agent /	
	AG	uilera, ja	UME					81	Name				
	933	30 SW 165	th st					82	Street Ad	idres	s (P.O. Box Number is Not Acceptable)		
	MLA	VMI FL 331	57					Ц					
								83					
								84	City		FI	85 Zip	Code
11	Purcuant t	to the provisi	ione of Sections	607 0502 an	หลัก	77 1508 Florida Statut	os the p	bove	-named co	arnor:	ation submits this statement for the purpose	et changing	ite registered
•••	office or re	egistered ag	ent, or both, in th	ne State of Fi	ioria	la. Such change was a , Section 607.0505, Flo	authorize	d by	the corpor	ration	's board of directors. I hereby accept the ap	pointment a	s registered
SIG	INATURE .	Signature, typed	or printed name of reg	stered agent and	L trice i	il applicable (NOT	. Registere	d Age	nt signature rec	quired v	when reinstating) DATE		
12.			OFFICE	RS AND DI	REC		13.				ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	.	DP				☐ DELETE	1.1 T	ITLE				Change	Addition
KAM	E	AGUILEI	ra, jaime				1.2 N	AME					
STRE	ET ADDRESS	9330 SV	V 165TH ST				1.3 \$	TREET	address				
CITY	-ST-ZIP	MIAMI F	L 33157				1.4 0	IZ-YTK	r-ZIP				
TITLI		DV				DELETE	2.1 T	ITLE				Change	Addition
NAM	E		ra, yelba l				22 N	IAME					
STRE	ET ADDRESS		N 165TH ST				235	TREET	ADDRESS				
CITY	-ST-ZIP	MIAMI F	L 33157				2.40	CITY-S	IT - ZIP				
TITLE	:					DELETE	3.1 T	ITLE				Change	Addition
NAM	E ('					3.2 N	AMÉ				٠,	ĺ
STRE	ET ADDRESS						3.3 S	TREET	ADDRESS				
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NAM	£						4.2	NAME					
STRE	ET ADDRESS	!					4.3 S	TREET.	ADDRESS				i
CITY	- ST - ZIP						4.4 0	(TY - \$1	r-ZiP				
TITLE						DELETE	5.1 T					Change	☐ Addition
NAM	E						5.2 N	IAME					1
STRE	ET ADDRESS						5.3 S	TREET	ADDRESS				
	-ST-ZIP	I						ITY - ST	- 1				ľ
TITLE					-	DELETE	6.1 T					Change	☐ Addition
NAM	E Ì				/	1	62 N	IAME				•	
	ET ADDRESS			/	•	1			ADDRESS				
CITY	. ST . 71P	1				/	640	uty. Si	7. 7IP				l
W71 F	U1 L16						0.4 (ادن ۱۰۰۰	CH L		ction 119.07(3)(i), Florida Statutes. I further of		

is true and accurate and that my signature shall have the same legal effect as it made under eath; that I am al empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

98 305-256-8147