SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 1, 1995.
AMOUNT DUE ON OR BEFORE 5/1/95: $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
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 30 AM 9:44

DOCUMENT # **P94000071930 (9)**

1. Corporation Name

LAND WATER AND SEWER, INC.

Principal Place of Business	Mailing Address
8585 SW 72 ST., SUITE 85 **MIAMI FL 33176**	**8585 SW 72 ST., SUITE 85** **MIAMI FL 33176**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
09/27/1994	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

4. FEI Number: 65-0529451 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Certified Copy (additional copy is enclosure) ☐ **$5.00** May Be Added to Fees

8. This corporation has elected to be governed by provisions of Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
DARRACH, DONALD M **9350 S. DIXIE HWY, PENTHOUSE 2** **MIAMI FL 33156**	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 _____ DATE
(Signature must be printed name of registered agent as the document) NOTE: Registered Agent signature required when changing

12. OFFICERS AND DIRECTORS		13.		
TITLE	D	11 TITLE	☑ Change	☐ Addition
NAME	FERNANDEZ, PABLE J	12 NAME	Fernandez, Pablo J.	
STREET ADDRESS	10415 SW 122 ST.	13 STREET ADDRESS		
CITY ST ZIP	MIAMI FL 33173	14 CITY ST ZIP		
TITLE	D	21 TITLE	☑ Change	☐ Addition
NAME	TABLADE, JOSE J	22 NAME	Tablada, Jose L.	
STREET ADDRESS	7014 SE 130 PLACE	23 STREET ADDRESS	7014 S.W. 103 Place	
CITY ST ZIP	MIAMI FL 33173	24 CITY ST ZIP		
TITLE	D	31 TITLE	☐ Change	☐ Addition
NAME	MIRABAL, JOSE	32 NAME		
STREET ADDRESS	38040 SW 199 AVE	33 STREET ADDRESS		
CITY ST ZIP	HOMESTEAD FL 33034	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		

14. I (We) hereby certify that the information supplied with this filing is absolutely 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 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 added by this report with an address.

SIGNATURE: Pablo J. Fernandez 6/27/95 (305) 598-4817
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone)

CR2E034 (395)