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Apr 28 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000001219 (1)

1. Corporation Name  
AQUACOM INC.



Principal Place of Business  
2800 ISLAND BLVD., #607  
MIAMI BEACH FL 33160

Mailing Address  
2800 ISLAND BLVD., #607  
MIAMI BEACH FL 33160-4936

3. Date Incorporated or Qualified  
01/05/1995

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business  
21 1000 Island Blvd.  
Suite, Apt. #, etc.

2a. Mailing Address  
26 1000 Island Blvd.  
Suite, Apt. #, etc.

4. FEI Number  
65-0546735

Applied For  
Not Applicable

22 311

27 311

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

23 Aventura, FL  
City & State

28 Aventura, FL  
City & State

6. Election Campaign Financing  
Trust Fund Contribution ☐ \$5.00 May Be Added to Fees

24 33160 25 USA  
Zip Country

29 33160 30 USA  
Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HOFRICHTER, ALEX  
9350 S. DIXIE HWY  
SUITE 1500  
MIAMI FL 33156

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

Signature: typed or printed name of registered agent and firm if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME LAZELSTEIN, MARC  
STREET ADDRESS #600 2800 ISLAND BLVD.  
CITY-ST-ZIP WILLIAMS ISLAND FL 33160

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE P  
1.2 NAME LAZELSTEIN MARC  
1.3 STREET ADDRESS #311, 1000 Island Blvd  
1.4 CITY-ST-ZIP Williams Island FL 33160

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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:

M. Lazelstein  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-97 305-933-6749  
Date Daytime Phone

CR2E034 (9/96)