

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000033001 (5)**

1. Corporation Name
PURE WATER FILTERS, INC.



Principal Place of Business: **1737 SW 8TH STREET MIAMI FL 33135**
Mailing Address: **1737 SW 8TH STREET MIAMI FL 33135**

3. Date Incorporated or Qualified: **04/27/1995** 3a. Date of Last Report
4. FEI Number: **593682411** Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 [] 2a. Mailing Address: 26 **3180 S.W. 25 Terr**
Suite, Apt. #, etc.: Suite, Apt. #, etc.:
22 City & State: 27 **MIAMI FLORIDA**
23 Zip: 28 **33133** Country: 29 **USA**
24 25

9. Name and Address of Current Registered Agent
**ALVAREZ, RICARDO F
1737 SW 8TH STREET
MIAMI FL 33135**

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 607.0508, Florida Statutes.

SIGNATURE: *[Signature]* **Registered Agent** **3/1/96**
Signature Date: [] Date of Appointment: []

12. OFFICERS AND DIRECTORS

TITLE	PSTD	<input type="checkbox"/> DELETE
NAME	ALVAREZ, RICARDO F	
STREET ADDRESS	3180 SW 25TH TERRACE	
CITY-STATE-ZIP	MIAMI FL 33133	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ALVAREZ RICARDO F.	
1.3 STREET ADDRESS	3180 S.W. 25 TERRACE	
1.4 CITY-STATE-ZIP	MIAMI, FL 33133	
2.1 TITLE	STV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	ALVAREZ, YOLANDA	
2.3 STREET ADDRESS	3180 S.W. 25 TERRACE	
2.4 CITY-STATE-ZIP	MIAMI FL 33133	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-ZIP		

14. I do hereby certify that the information supplied with this filing is your own, furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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]* **Ricardo F. Alvarez** **3/1/96** **(305) 524 99 11**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **President**

CR2E034 (12/95)