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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

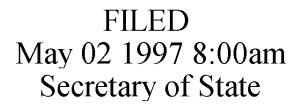
1997 DOCUMENT # P95000068621 (8)

INTERNATIONAL WATER SYSTEMS, INC.

Principal Place of Business Mailing Address

12273 SOUTHWEST 145 STREET MIAMI FL 33188

12273 SOUTHWEST 145 STREET MIAMI FL 33186-7484





| W. 12 0010 | • | | | | | | | | | |
|--------------------------------|--|---------------|--|------------|---|------------------|--|---------------------------|--|---------------|
| | | | | | | | Date Incorporated or Qualified 09/06/1995 | | e of Last R 4/1996 | eport |
| 2. Principal Place of Business | | | 2a. Mailing Address | | | | 4. FEI Number | | | plied For |
| 21 | | 26 | | | | | 65-0606587 | | | ot Applicable |
| Suite, ApI #, etc. | | | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | | | |
| City & State | 9 | | City & State | | | | 6. Election Campaign Financing | | \$5.00 | May Be |
| 23 | | 28 | | | | | Trust Fund Contribution | | | to Fees |
| Zip | Country | | Zip | Co | ountry | | 8. This corporation has liability for | | | . 199.032, |
| 24 | 25 | 29 | | 30 | | | | | No | |
| | 9. Name and Address of Current | Regist | ered Agent | | | N (| 10. Name and Address of New Re | gistered A | gent | |
| AUGUSTINE ACEVEDO | | | | | 81 Name | | | | | |
| 12273 SW 145 ST | | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| MIAMI FL 33186 | | | | | 83 | | · · · · · · · · · · · · · · · · · · · | | | |
| | | | | | 84 | City | | | 85 Zip | Code |
| | | | | | | | | FL | | |
| office or r | to the provisions of Sections 607.0502 egistered agent, or both, in the State i m familiar with, and accept the obliga | ot Florid | a. Such change was a | authoriz | ea by | the corpo | orporation submits this statement for the paration's board of directors. I hereby acce | purpose of pt the appo | changing i pintment as | registered |
| SIGNATURE | Signature, typical or printed name of registered agen | t and tille i | Lapplicable (NOTI | E Register | red Age | int signature re | quired when reinstating) | DATE | | |
| 12. | OFFICERS AND | DIREC | TORS | 13. | • | | ADDITIONS/CHANGES TO OFFI | | | |
| TITLE | PTD | | ☐ DELETE | 1.1 | TITLE | | | | Change | Addition |
| NAME | Filson, Kenneth S | | | 1.2 | NAME | i | | | | |
| STREET ADDRESS | 12273 SOUTHWEST 145 STRE | ET | | 1.3 | STREET | ADDRESS | | | | |
| Çi1∀-ST-ZiP | MIAMI FL 33186 | | | 1.4 | CITY - S | T-ZIP | | | | |
| THLE | VSD | | ☐ DELETE | 2.1 | TITLE | 1 | | i | Change | Addition |
| NAME | ACEVEDO, AUGUSTINE | | | 2.2 | NAME | | | | | |
| STREET ADDRESS | 12273 SOUTHWEST 145 STRE | ET | | 2.3 | STREET | ADDRESS | | , e | | ļ |
| City-S1-ZIP | MIAMI FL 33186 | | | 2.4 | CITY- | ST-ZIP | | | | |
| TITLE | | | ☐ DELETE | 3.1 | TITLE | | | | Change | Addition |
| NAME | | | | 3 2 | NAME | | | | | |
| STREET ADDRESS | | | | 3.3 | STREET | ADDRESS | | | | |
| CITY-ST-ZiF | | | | 34. | . City- | ST-ZIP | | | | |
| TITLE | | | ☐ DELETE | 41 | TITLE | | | | Change | ☐ Addition |
| NAME | | | | 4. 2 | NAME | | | | | |
| STREET ADDRESS | | | | 4.3 | STREET | ADDAESS | | | | |
| City-St-7iP | | | | 4.4 | CITY-S | T-ZIP | | | | |
| THE | | | ☐ DELETE | 5.1 | TITLE | - 1 | | | Change | Addition |
| NAME | | | | 5.2 | NAME | ļ | | | | |
| STREET ADDRESS | | | | 5.3 | STREET | ADDRESS | | | | |
| C(TY - \$1 - 7)P | | | | 5.4 | CITY-S | T-ZIP | | | | |
| THILE | | | DELETE | 6.1 | TITLE | | | | Change Change | ☐ Addition |
| NAME | | | | 6.2 | NAME | | | | | |
| STREET AODRESS | | | | 6.3 | STREET | ADDRESS | | | | |
| CITY - ST - ZIP | | | | 6.4 | CITY-S | | | | | |
| C | ÷ | 1 . 41. 41. | the second of th | 4 | | | stad in Castion 110 07/2)/i) Florida Statut | aa I fi waan | and the short | the |

14. I do horeby 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.