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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

P95000071865 (6)

MIKE'S POOLS, INC.

Principal Place of Business Mating Address ----44444 AATU AAURT BAAR

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20036 NW 6 MIAMI FL 3	64TH COURT ROAD 33015	20036 NW 6 MIAMI FL 33	4TH COURT ROAD 3015						
						3. Date Incorporated or Qualified 09/18/1995	3a.	Date of Last F	leport
2. Principal Pla	ace of Business	2a. Mailing Addre	ess			4. FEI Number	•		Applied For
21		26				65-0612246			Not Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #,	, etc.			5. Certificate of Status Desired			5 Additional Required
City & State		City & State				Election Campaign Financing Trust Fund Contribution			00 May Be ed to Fees
Ζιρ 24	Country 25	Ζιρ 29	Goun [30]	itry 		This corporation has liability for in Florida Statutes	⊠ No)	199.032,
	 Name and Address of Curr 	rent Registered Agent				10. Name and Address of New R	egister	ed Agent	
			[+	81	Name				
), HERIBERTO M NW 64TH COURT ROAD			82	Street Addr	ress (P.O. Box Number is Not Acceptab	le)		
	FL 33015			83		F MAX (#F A) No			
			ļ	84	City		F	85 Z	ip Code
or registere familiar with SIGNATURE	ed agent, or both, in the State of Floring and accept the obligations of, Schools are types or processing the stage sector.	orida. Such change was ection 607.0505, Florida :	authorized by the or	arpk	oration's boar	ration submits this statement for the pur rd of directors. Thereby accept the appo	ontmen DA	it as registered	d agent. I adı
12.		AND DIRECTORS	13.		f Sajnaturi, terjulio	ADDITIONS/CHANGES TO OFFI			ODS IN 12
TITLE	PT	DELI		1 F	T	ADDITIONS OF MINGES TO OFFI	ULMO	Change	Addition
NAME	OTERO, HERIBERTO M		1.2 NA					E 3-	<u></u>
STREET ADDRESS	20036 NW 64TH COURT	ROAD			ADDRESS				
CITY-ST-ZIP	MIAMI FL 33015		1401						
THILE	S	☐ DEL						Change	Addition
NAME	PEREZ, ALICIA		22 NA	Μŧ					
STREET ADDRESS	5247 NW 186TH STREET	Ī	23.818	ACE T	ADDRESS				
CITY-\$1-7'P	MIAM! FL 33015		2401	Y - S ¹	T ZIP				
TITLE		DEL.	ETE 3 1 TH	Į į				Change	Addition
NAME			3.2 NA	ME					
STREET ADDRESS			33 SI	REET	ADDRESS				
CITY - ST - ZIP			3.4 GH		T - ZIP	and the second control of the second			
TITLE		☐ D£r	ETE 4 1 TH	LF				☐ Change	☐ Addition
NAME			4.2 NA!						
STREET ADDRESS			4 3 STF	IEE.	ADDRESS				
CITY-S1-ZIP			4.4 CH		T ZIP			53. **	
THILF		□ DEi	1					Change	Addition
NAME			5.2 NAI						
STREET ADDRESS					ADDRESS				
CITY - ST - ZIP			5401		1-2iP			[] Chan	Malanda -
TITLE		☐ DEL						Change	Addition
NAME			6 2 NAI						
STREET ADDRESS					ADDRESS				
CHTY - ST - ZIP	1		. 64 CIT	Y - S	T-21P				

14. I do hereby certify that the information supplied with this filing is voluntable formshed and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information information in the same legal effect as if made under cath; that I am an officer of up support or supplied entail annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer of up socion of the receiver rustice empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Bigs 13 if chapter 607.

SIGNATURE: . "

04-29-96 (305) 625-6620

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR