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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Feb 25 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600000364 (5)

USA POOL SERVICE, INC.

SIGNATURE:

Principal Pla	ace of Business	Mailing Address	—				
14307 S.W.1 MIAMI FL 33	14307 S.W.1 42ND ST. MIAMI FL 33186	S.W.1 42ND ST.					
					3. Date Incorporated or Qualified 01/02/1996	3a. Date of Last	Report
··	Page of Business	2a. Mailing Address			4. FEI Number	}	Applied For
Suite An]				65-0634705	CO 75	
 		27			5. Certificate of Status Desired Fee Required		
City & Sta	ate	City & State	······································		6. Election Campaign Financing		May Be
23		28			Trust Fund Contribution		d to Fees
Zip	Country	Zip	Count	try	8. This corporation has liability for i		s. 199.032
24	25	29	30			Yes No	
	9. Name and Address of Curre	nt Registered Agent		1 Name	10. Name and Address of New Re	gistered Agent	
	ACIL, LAURA		ľ	Name			
	307 S,.W. 142ND ST.		6	2 Street Ad	ddress (P.O. Box Number is Not Acceptab	le)	
MI	AMI FL 33186			3			
			ľ	<u> </u>			
			8	4 City		FL 85 Zip	o Code
11. Pursuan	I to the provisions of Sections 607.05	02 and 607 1508 Florida State	liae tha ahr	we named o	orporation submits this statement for the p		ite registered
l office or	r registered agent, or both, in the State	e of Florida. Such change was	authorized	by the corpo	ration's board of directors. I hereby accep	t the appointment a	as registered
	am familiar with, and accept the oblic	jalions of, Section 607.0505, F	iorida Statut	les.			
SIGNATURE	Stgmatize typest in position name of regenerating	pen and their applicable (NO	ITE. Registered A	Agent signature re	quired when reinstating)	DATE	
12.	OFFICERS AN	AD DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTO	DRS IN 12
THLE	PD	DELETE	1.5 Tills.			☐ Change	Addition
NAME	MACLI, GUSTAVO		1.2 NAM	E			
STREET ADDRESS	14307 S.W. 142ND ST.		1.3 STR	EET ADDRESS			
City - \$1 - ZIP	MIAMI FL 33186		1.4 CITY	-ST-ZIP			····
THLE	VD	[_] DELETE	2.1 TITU	i		L Change	Addition
NAM:	MACLI, LAURA		2.2 NAM	IE			
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·		. 2.3 STRI	EET ADDRESS			
C TY - ST-ZIP	MIAMI FL 33186	Delete		Y - ST - ZIP		Change	Addition
TOLE		DELETE	3.11.[]			Change	, L.J ADUIIIOII
NAME:			3.2 FW				
STREET ADDRESS	`			EET ADDRESS			
COLY - S1 - ZIP TITLE		DELETE	3.4. [1 4.1] L	r - ST - ZIP		Change	Addition
NAME		F DETERT	4. 2 AJ	1		tanif County	tord / Parity II
STREET ADDRESS				EET ADDRESS			
Crty - S1 - ZIP				r-ST-ZIP			
TILLE	· · · · · · · · · · · · · · · · · · ·	DELETE		E		☐ Change	Addition
NAME				4E			
STREET ADORESS	;			EET ADDRESS			
CITY - ST - ZIP				- \$1 - ZIP			
TILLE		DELETE		E		Change	e Addition
NAME			6	AE			
STREET ADDRESS	3			EET ADORESS			
CITY-ST ZIP	1	^		/-ST-ZIP			
14. Ldo here	oby certily that the information supplied	of with this bling does not qual	ly for	xemption sta	ated in Section 119.07(3)(i), Florida Statute that my signature shall have the same lega	s. I further certify th	at the
Lam an appears	tion inclicated on this annual report of officer or director of the corporation o in Block 12 or Block 13 if change it, c	r the receiver or frustee empor fr on an attachment with an ad	wered dress.	stute this re	port as required by Chapter 607, Florida S	Statutes; and that m	y name