

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

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AND
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98 NOV 16 PM 1:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000050853 (6)
1. Corporation Name
AFFORDABLE IRRIGATION, INC.

Principal Place of Business 425 OPA LOCKA BOULEVARD NORTH MIAMI FL 33168	Mailing Address 425 OPA LOCKA BOULEVARD NORTH MIAMI FL 33168
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 198 N.W. 139 STREET Suite, Apt. #, etc. 22 NORTH MIAMI, FLORIDA City & State 23 9 Zip 24 33168	2a. Mailing Address 425 OPA LOCKA BOULEVARD, C.P.A. 26 308 ALHAMBRA CIRCLE Suite, Apt. #, etc. 27 CORAL GABLES, FLORIDA City & State 28 U.S.A. Country 29 33134 Zip 30 U.S.A. Country	3. Date Incorporated or Qualified 06/14/1996	4. FEI Number 65-0670998	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required		
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent ROSAS, MARCO 425 OPA LOCKA BOULEVARD NORTH MIAMI FL 33168	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 198 N.W. 139 STREET 83 84 City NORTH MIAMI FL 85 Zip Code 33168
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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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P D	<input type="checkbox"/> DELETE	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME ROSAS, MARCO		1.2 NAME	
STREET ADDRESS 425 OPA LOCKA BOULEVARD		1.3 STREET ADDRESS 198 NW 139 STREET	
CITY-ST-ZIP NORTH MIAMI FL		1.4 CITY-ST-ZIP NORTH MIAMI, FLORIDA 33168	
TITLE S/T D	<input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME MILCIAN A. ROSAS		2.2 NAME 600002691656-3	
STREET ADDRESS 198 NW 139 STREET		2.3 STREET ADDRESS -11/19/98-01074-023	
CITY-ST-ZIP NORTH MIAMI, FLORIDA 33168		2.4 CITY-ST-ZIP ***150.00 ***150.00	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME DR 11/16	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Milcian A. Rosas **PROVIDE PROPER SIGNATURE** Milcian A. Rosas Nov. 13, 1998 (305) 681-6322
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0264705

CR2E034 (10/97)