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

PROFIT CORPORATION ANNUAL REPORT

1997



appears in Block 12 of Block 12 is changed, or on an attachment with an address.

GNATURE:

E. Claudis Triback

SIGNATURE:

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Feb 03 1997 8:00am

Secretary of State

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000061061 (3)

EPOXY POOLS, INC.

Principal Place of Business Mailing Address						1	E TRANC DIVIN DONA HOVE DRA	IR QODING BRIDI HIDAH ODIHO DIII	No 1902 (DD)
•	EST 145 STREET		8431 SOUTHWEST 145 STREET MIAMI FL 33158-1835						
					í	3. Date Incor	porated or Qualified	3a. Date of Last F	Report 196
2. Principal Pla	ace of Business	2a. Mailing /	2a. Mailing Address			4. FEI Numbe	er _		pplied For
21		26				65-0	<u>683058</u>		ot Applicable
Suite, Apt. 4	#, etc	Suite, Ap	Suite, Apt. #, etc. 27 City & State			5. Certificate of Status Desired \$8.75 Additional Fee Required			
22									
City & State)		are			E .	ampaign Financing Contribution		May Be to Fees
23 Zip	Country	28 Z(p		Country				intangible tax under s	
24	25	29		30		Florida Sta		Yes No	1. 100.002,
<u></u>	9. Name and Address of Cu			<u> </u>		10. Name and	Address of New Re	gistered Agent	
AME	RILAWYER CHARTERED			81	Name 2	chapp E	CLANDIO		
	ALMERIA AVENUE			82	Street Addr	ress (P.O. Box Nu	mber is Not Acceptat	ole)	
	AL GABLES FL 33134				6431	Sw 145	mber is Not Acceptat		
	· · · · · · · · · · · · · · · · · ·			83					
				84	City		······································	RS Zin	Code -
					MIAI	MI		FL 33	158
11. Pursuant t	to the provisions of Sections 607 egistered agent or both in the S in tamillal with and according to	.0502 and 607 1508, I	Florida Statute	s, the above	-named corp	poration submits the	nis statement for the pactors. I because	ourpose of changing i	its registered
agent. Far	in familial with and access me o	bligatous of Section	607.0595, Flor	rida Statutes	· _ /	/ Dodin or div	octors. Thoroby doco		rogistered
SIGNATURE	T)-C - /V/14	die	Kich	MU É.	Clavo	dis .		1/21/97	
	Stg. if it type for printed white or registers	diagent and title diapplicable	(NOTE		nt signature requi	red when reinstating)	CUANOES TO OFF	CERS AND DIRECTOR	DO IAL 10
12.		AND DIRECTORS	DELETE	13.		ADDITIONS	CHANGES TO OFFIC	Change	Addition
TITLE	PTD Claudio, Richard E	L	-1 Deterie	1.2 NAME				La compe	La riosmon
STREET ADDRESS	6431 SOUTHWEST 145 ST	REET		1.3 STREET	*UUBEGG				•
	MIAMI FL 33158	11661		1.4 CITY-S					
CHY-ST ZIP TITLE	VSD		DELETE	2 1 TITLE	17211			Change	Addition
NAME	CLAUDIO, CATHERINE Z			2.2 NAME					
STREET ADDRESS	6431 SOUTHWEST 145 ST	REET		2.3 STREET	ADDRESS				
CITY- ST-ZIP	MIAMI FL 33158			2. 4 CITY - 9	1			4	
THLE			DELETE	3.1 TITLE	········			Change	Addition
NAME				3.2 NAME					
STREET ADDRESS				3.3 STREET	ADDRESS				
CITY-ST-ZiP				3 4. CITY - S	T - ZIP				
Talle			DELETE	4.1 TITLE			····	Change	Addition
NAME				4. 2 NAME					
STREET ADDRESS				4 3 STREET	address				
CHY-SI-ZiP				4.4 City-S	T-ZIP				7,
THLE		L	DELETE	51 THTLE	-			Change	Addition
NAME				52 NAME	_				
STREET ACOURESS				53 STREET					
CITY+ST-ZF			DELETE	5.4 CITY - S	T-ZIP			Change	Addition
DILE		L	"I NETER	6.1 TITLE				Origings	- Auditoli
NAME				6.2 NAME	4bbbsss				
STREET ADDRESS				6.3 STREET		•			
14. Ldo here!	by certify that the information sur	oal ed with this filing o	loes not qualifi	6.4 CITY-S		d in Section 119 0	7(3)(i), Florida Statuti	es. I further certify tha	t the
informatio	on indicated on this annual repor fliger or director of the corporation	Lor supplemental ann	ual report is tr	ue and accu	irate and tha	at my signature sha	all have the same led	al effect as if made ur	nder oath: that

Charle Cladis