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CORPORATION
ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 JUL -1 PM 12:12
SECRETARY OF STATE
TALLAHASSEE
[redacted]

DOCUMENT # [redacted] (9)

1. Corporation Name
American Irrigation Company Inc.

Document # P96000075397

Principal Place of Business
21010 N.E. 14th Ave.
N. Miami Bch., Fl. 33179

Mailing Address
P.O. Box 69-4345
Miami, Fl.
33269-1345

3. Date Incorporated or Qualified: 9-11-96
3a. Date of Last Report:

2. Principal Place of Business (21) Suite, Apt #, etc (24) City & State (23) Zip (26) Country (25)

2a. Mailing Address (26) Suite, Apt #, etc (27) City & State (28) Zip (29) Country (30)

4. FEI Number: 65-0694430 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fee

8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

X Michael Lechtman P.A.
17001 N.E. 6th Ave.
N. Miami Bch., Fl. 33162
(305) 652-9500

10. Name and Address of New Registered Agent

(01) Name
(02) Street Address (P.O. Box Number is Not Acceptable)
(03)
(04) City FL (05) Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

[redacted] Michael Elliott — Michael Lechtman — 05-01-97
Signature(s) required for new and/or former registered agent and title if applicable — DATE

12. OFFICERS AND DIRECTORS

TITLE: President
NAME: Michael Elliott
STREET ADDRESS: 21010 N.E. 14th Ave.
CITY-ST-ZIP: N. Miami Bch., Fl. 33179
☐ DELETE

TITLE: Secretary/Treasurer
NAME: Barbara Elliott
STREET ADDRESS: 21010 N.E. 14 Ave.
CITY-ST-ZIP: N. Miami Bch., Fl. 33179
☐ DELETE

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP
☐ DELETE

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP
☐ DELETE

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP
☐ DELETE

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP — ☐ Change ☐ Add

2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP — ☐ Change ☐ Add

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-07/07/97--01133--009
****165.00 ****165.00

3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP — ☐ Change ☐ Add

4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP — ☐ Change ☐ Add

5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP — ☐ Change ☐ Add

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6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP — ☐ Change ☐ Add

14. I do hereby 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; I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that I am familiar with the address[illegible]