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Mar 31 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000077643 (0)

1. Corporation Name  
AQUARAMA, INC.,

Principal Place of Business  
2151 N.W. 27TH AVE.  
MIAMI FL 33142

Mailing Address  
2151 N.W. 27TH AVE.  
MIAMI FL 33142-7148



3. Date Incorporated or Qualified  
09/17/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PUNS, MANUEL  
2151 N.W. 27TH AVENUE  
MIAMI FL 33142

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 of registered agent or person authorized to register 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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
PUNS, MANUEL  
2151 N.W. 27TH AVENUE  
MIAMI FL 33142

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP  
President, Director  
Change  
Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DELETE

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP  
VPresident, Director  
Puns, Angela  
2151 NW 27 Avenue  
Miami, FL 33142  
Change  
Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP  
Secretary, Director  
Campos, Daisy  
2151 NW 27 Avenue  
Miami, FL 33142  
Change  
Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP  
Treasurer, Director  
Puns, Manuel Jr.  
2151 NW 27 Avenue  
Miami, FL 33142  
Change  
Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP  
Change  
Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP  
Change  
Addition

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; 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: y

*Manuel Puns*

Manuel Puns

3/25/97 (305) 635-7898

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0195709

CR2E034 (9/96)