Apr 12, 1999 8:00 am Secretary of State

04-12-1999 90001 046 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000091227

1. Corporation											
AQUA CLEAR WATER CO. INC.											
· ·		· · · · · · · · · · · · · · · · · · ·									
Principal Place	e of Busines	s	Ma	ailing Address				,			
7880 W 20 AVE 7880 W 20 AVE											
SUITE 38 SUITE 38 HIALEAH FL 33016								DO NOT WRITE IN THIS SPACE			
THATEATT IE OWIO								3. Date Incorporated or Qualifed			
ļ								11/06/1996			
2. Principal Place of Business				2a. Mailing Address				4. FEI Number	App	lied For	
21			26	26				65-0706134	Not	Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.					8.75 Ad		
2227.								5. Certificate of Status Desired	Fee:Req	uired=====	
City & State				City & State				6. Election Campaign Financing \$5.00 May Be			
23				28				Trust Fund Contribution Added to Fees			
Zip		Country	<u> </u>	Zip		ountry		8. This corporation owes the current year Intangi		¥fN-	
24		25	29		30	1		Personal Property Tax.		XNo	
	9. Name	and Address of Cui	rrent Regis	stered Agent		81	Name	10. Name and Address of New Registered Age			
LOP	ez, jose										
7880 W 20 AVE						82 Street Address (P.O. Box Number is Not Acceptable)					
SUITE 38				83							
HIAL	EAH FL 3	3016									
						84	City	FL ⁸	5 Zip Co	ode	
44 Dureuent	to the arouit	sions of Sections 607	0502 and 6	07 1508 Florida Stat	utes the	ahove	e-named corr	paration cultimite this statement for the purpose of cha	nging its re	egistered	
l office or r	enisteren ar	ient or both in the St	ate of Florid	da. Such change was	authoriz	ea ov	the corporation	on's board of directors. I hereby accept the appointment	ent as regi	stered	
	m familiar w	ith, and accept the ob	ngations of	, Section 607.0505, F	ionda Si	atutes	•				
SIGNATURE	Signature, type	or printed name of registered	agent and title	if applicable. (NO	TE: Register	ed Agen	nt signature require	ed when reinstating) DATE			
12.		OFFICERS			-						
TITLE	DPST			ECTORS	13	3.		ADDITIONS/CHANGES TO OFFICERS AND D			
NAME	Lopez, (DELETE		TITLE			IRECTOR Change	Addition	
STREET ADDRESS	STREET ADDRESS 6750 N WATERWAY DR				1,1						
CITY-ST-ZIP	ı	NATERWAY DR			1.1 1.2	TITLE NAME	r address				
GITT-31-2#	6750 N Y Miami Fi	NATERWAY DR		☐ DELETE	1.1 1.2 1.3	TITLE NAME			Change	Addition	
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	ı	NATERWAY DR		☐ DELETE	1.1 1.2 1.3 1.4 2.1 2.2	TITLE NAME STREET CITY-S TITLE NAME	T-ZIP		Change	Addition	
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TITLE NAME STREET ADDRESS	ı	NATERWAY DR _ 33155	-	☐ DELETE	1.1 1.2 1.3 1.4 2.1 2.2 2.3 2.4 3.1	TITLE NAME STREET CITY-S' TITLE NAME STREET CITY-S	T-ZIP		Change	Addition	
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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)(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 any attachment with an address, with all other like empowered.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE: