


FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90029 013 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000012568 1. Corporation Name AQUARICO, INC.			
Principal Place of Business 6814 NORTHWEST 20 AVENUE FORT LAUDERDALE FL 33309		Mailing Address 6814 NORTHWEST 20 AVENUE FORT LAUDERDALE FL 33309	
2. Principal Place of Business 21 6850 NW 12th AVE		2a. Mailing Address 26 SAME	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27	
City & State 23 FT. LAUDERDALE, FL		City & State 28	
Zip 24 33309		Country 25 USA	
29		30	
9. Name and Address of Current Registered Agent MALDEN, BRETT 343 ALMERIA AVENUE 6818 N.W. 20th AVE. FORT LAUDERDALE FL 33309		10. Name and Address of New Registered Agent 81 Name BRETT MALDEN 82 Street Address (P.O. Box Number is Not Acceptable) 6850 NW 20 AVE 83 84 City FT. LAUDERDALE FL 85 Zip Code 33309	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MALDEN, BRETT 6814 NORTHWEST 20 AVENUE FORT LAUDERDALE FL 33309	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	President / Treasurer / Secretary and Director
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WOLFSON, MARK 6814 NORTHWEST 20 AVENUE FORT LAUDERDALE FL 33309	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PULICE, DIANA 6814 NORTHWEST 20 AVENUE FORT LAUDERDALE FL 33309	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETED	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETED	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	Change Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DELETED	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	Change Addition

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 an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)