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Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90018 049 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000031470

1. Corporation Name
THE AQUA CONNECTION, INC.

Principal Place of Business
**1330 SUMMIT RUN CIRCLE
WEST PALM BEACH FL 33415**

Mailing Address
**1330 SUMMIT RUN CIRCLE
WEST PALM BEACH FL 33415**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/07/1997

4. FEI Number
65-0743955

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 Fees**

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business
21 **7625 Clarke Rd**
Suite, Apt. #, etc.

2a. Mailing Address
26 **7625 Clarke Rd**
Suite, Apt. #, etc.

22 City & State
23 **LAke Clarke Shores FL**
Zip Country
24 **33406** 25 **US**

27 City & State
28 **LAke Clarke Shores FL**
Zip Country
29 **33406** 30 **US**

9. Name and Address of Current Registered Agent

**TRINIDAD, LUIS S
1330 SUMMIT RUN CIRCLE
WEST PALM BEACH FL 33415**

10. Name and Address of New Registered Agent

81 Name **TRINIDAD, LUIS S**
82 Street Address (P.O. Box Number is Not Acceptable)
7625 CLARKE RD
83
84 City **LAke Clarke Shores FL** 85 Zip Code **33406**

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 *Luis S. Trinidad* *President/owner* **1-4-99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
D	TRINIDAD, LUIS S	1330 SUMMIT RUN CIRCLE	WEST PALM BEACH FL 33415	<input type="checkbox"/>
D	TRINIDAD, ROCIO ROJAS	1330 SUMMIT RUN CIRCLE	WEST PALM BEACH FL 33415	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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: *Luis S. Trinidad* **SIGNATURE REQUIRED** **1-4-98** **561-585-2989**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

0324782

CR2E034 (11/98)