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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000052601 (6)

AQUATECHNICS, INC.

FILED Apr 15 1998 8:00am Secretary of State

Principal Place	e of Busines	s		Mailing Address								
8215 SW 72 AVE #102				8215 SW 72 AVE #102								
MIAMI FL 33143				MIAMI FL 33143						DO NOT WRITE IN THIS SPACE		
										3. Date Incorporated or Qualified		
										06/12/1997		
2. Principal Place of Business				2a. Mailing Address						4. FEI Number Applied For		
21				26						65 - 0767476 Not Applicable		
Suite, Apt. #, etc.				Suite, Apt. #, etc.						SA 75 Additional		
22			[27						5. Certificate of Status Desired Fee Required		
City & State				City & State				-		6. Election Campaign Financing \$5.00 May Be		
23				28						Trust Fund Contribution Added to Fees		
Zip		Country					ıntry			This corporation owes or has paid the current year Intangible		
24	25			29 30						Personal Property Tax due June 30. Yes No		
		and Address	of Current Re	gistere	d Agent					10. Name and Address of New Registered Agent		
	rboza, lu						81	Nam	е			
8215 \$W 72 AVE #102							82	Stree	t Addre	ddress (P.O. Box Number is Not Acceptable)		
ML	AMI FL 331	43					83					
							03					
							84	City		FL 85 Zip Code		
44 Diverset	to the provin	one of Continu	5 CO7 OLOO 50	d C07 18	00 Elorida Statul	on the n	boye	, poppo	d poses	oration submits this statement for the purpose of changing its registered		
office or re	egistered ac	ent, or both, in	the State of F	Iorida. S	uch change was	authorize	of by	the co	rporatio	ion's board of directors. I hereby accept the appointment as registered		
agent. I a	m fam iliar wi	ith, and accept	the obligation	is of, Sec	etion 607. 0 5 05 , FI	orida Sta	tutes	i.				
SIGNATURE	Slansters typed	or printed name of a	nethand sound and	Etilo Land	erable (NO)	F : Renietere	d Age	nt signati	re required	ed when reinstating) DATE		
12.	Signature, types	 	CERS AND DI			13.	O righ	an, organian	no roganoc	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD		<u> </u>		DELETE	1.1 (TLE			Change Addition		
NAME	BARBO	za, luis a				1.2 N	AME					
STREET ADDRESS 8215 SW 72 AVE #102			02	1.3 STF			TREET	ADDRESS	;			
CITY-ST-ZIP	MIAMI F	£ 33143				1.4 C	ITY-S'	1 - ZIP				
TITLE	\$0				DELETE	2.1 TI				Change Addition		
NAME	BARBO	za, annabel	.LA			2.2 N	AME					
STREET ADDRESS	8215 SI	N 72 AVE #1	02			2.3 S	TREET	ADDRESS	;			
CITY-ST-ZIP	- M IAMI F	L 33143				2.40	ITY-S	ST-ZIP				
TITLE					DELETE	3.1 TI	TLE			☐ Change ☐ Addition		
NAME						3.2 N	AME					
STREET ADDRESS						3.3 S	TREET	ADDRESS	;			
CITY-ST-ZIP	_					3.4. 0	ITY-S	ST - ZIP				
TITLE					☐ DELETE	4.1 TI	TLE			Change Addition		
NAME						4.21	IAME					
STREET ADDRESS						4.3 \$	TREET	ADDRESS	ì			
C(TY-ST-ZIP		,				4.4 C	ITY-S	T - ZIP				
TITLE					DELETE	5.1 TI	TLE		1	Change Addition		
NAME						5.2 N	AME					
STREET ADDRESS						5.3 S	TREET	ADDRESS	1			
CITY-ST-ZIP						5.4 C	ITY-S	1 - ZIP				
TITLE					DELETE	6.1 TI	TLE			☐ Change ☐ Addition		
NAME						6.2 N	AME					
STREET ADDRESS						635	TREET	ADDRESS	:			
CITY-ST-ZIP	_					64 C	TY-S	1 - ZIP				

14. Thereby 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 on an attachment with an address.

CICALATURE.

LIVE A BARAST

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