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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Mar 17 1998 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P97000073598 (9)

AGUANA CORP.

Adon	TA COM .						
Principal Place of Business			Mailing Address				ı ıkanıldan tim ibili rabil başlı başlı başlı başlı başlı başlı başlı başlı bili ibili ibili ibili başlı
8009 NW 36	TH STREET	8009 NW 36TH STREET					
#220		#220					
MIAMI FL 33166			MIAMI FL 33168				DO NOT WRITE IN THIS SPACE
1							3. Date Incorporated or Qualified
6 Delection I	lana of O	- 0- 1	dadia Addana				08/25/1997
	lace of Business		Mailing Address	104			4. FEI Number Applied For Not Applicable
			Suite, Apt. #, etc.	5 SW 104 TERR			
							Certificate of Status Desired Section
City & State			City & State				
23	•	28	ony a otato				Election Cempaign Financing Trust Fund Contribution Added to Fees
Zip	Country		Z ip	Cou	intra	,	
24	25	29	- (P	30	, iti y	'	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
24	9. Name and Address of Currer		red Agent	[30]	Γ		10. Name and Address of New Registered Agent
DE	CARVALHO, MONICA T.F.				В1	Name	
	915 SW 104TH TERRACE					L	
					82	Street A	Address (P.O. Box Number is Not Acceptable)
) MI	AMI FL 33186				83		
1					-		
					84	City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607 050	2 and 607	7 1508 Florida Statu	ites the a	2004	e-named	
office or r	egistered agent, or both, in the State	of Florida	Such change was	authorize	d by	the corp	poration's board of directors. I hereby accept the appointment as registered
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, typed or printed name of registered age	ant and little if a	annlicable /NC	TF Booistere	1 Δασ	ent signature	e required when reinstaling) DATE
12.	OFFICERS AN			13.	90	SIN BIGINGIO	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D		DELETE	1.1 10	ĪLĒ		DP X Change Addition
NAME	DE CARVALHO, MONICA T.F			1.2 N	MF	1	DE CARVALHO, MONICA T.F.
STREET ADORESS	1295 SW 104TH TERR					ADDRESS	1295 SW 104th TERR
CITY-ST-ZIP	MIAMI FL 33186			1.4 Ci		1	MIAMI FL 33186
TITLE	0		DELETE	2.1 TI	_	11-24	DVTS & Change Addition
NAME	DE CARVALHO, AUGUSTO F	:		2.2 N/		1	DE CARVALHO, AUGUSTO F
STREET ADDRESS	8009 NW 36TH ST, #220					ADDRESS	8009 NW 36th ST #220
	MIAMI FL 33166						
CITY-ST-ZIP TITLE	INITIAL LE CO IOO		DELETE	2.4 C		ST-ZIP	MIAMI FL 33166
NAME				3.1 N			Cuange Condition
STREET ADDRESS						ADDRESS	
CITY-ST-ZIP			DELETE	3.4. U	_	ST-ZIP	Change Addition
NAME							
				4.2 N		ADDDESS	
STREET ADDRESS						ADDRESS	·
CITY-ST-ZIP			DELETE	4.4 Ci	_	1-ZIP	Change Addition
TITLE			- Deter	5.1 TI			LIA CHARGE LIA MULLION
NAME				5.2 N/			<u>.</u>
STREET ADDRESS						ADDRESS	
CITY-ST-ZIP			T DELETE	5.4 CI		T-ZIP	, and the state of
TITLE			☐ DELETE	6.1 TI			Change Addition
NAME				6.2 N/			
STREET ADDRESS				6.3 ST	REET	ADDRESS	
CITY-ST-ZIP				6.4 Ci	TY-S	T-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 an attachment with an address.

SIGNATURE:

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