

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

FILED

Mar 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P97000096016 (5)**

1. Corporation Name
AQUALAWN, INC.



Principal Place of Business 15901 S.W. 242 STREET MIAMI FL 33031	Mailing Address 15901 S.W. 242 STREET MIAMI FL 33031
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/10/1997	
21	Suite, Apt. #, etc.	26	PO Box 924890	4. FEI Number 65-0801975	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Princeton, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	33092	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
25	Country	30	USA		

9. Name and Address of Current Registered Agent

**ARAZOZA, COMAS DE TORRES & FERNANDEZ-FRAGA
101 MADEIRA AVENUE
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

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 agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Pres.	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Alberto Arazoza	1.2 NAME	
STREET ADDRESS	9745 SW 110 Street	1.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33176	1.4 CITY-ST-ZIP	
TITLE	Vice Pres.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Eduardo Arazoza	2.2 NAME	
STREET ADDRESS	470 Campan Ave	2.3 STREET ADDRESS	
CITY-ST-ZIP	Coral Gables, FL 33156	2.4 CITY-ST-ZIP	
TITLE	Sec.	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Scott Neitzel	3.2 NAME	
STREET ADDRESS	332 SW 194 Ave	3.3 STREET ADDRESS	
CITY-ST-ZIP	Pembroke, Pines FL 33029	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 an attachment with an address.

SIGNATURE:

Albert Arazoza
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **3/4/98** Daytime Phone #: **0142804**

CR2E034 (10/97)