PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000100975 1. Corporation Name

AGUAKEM FLORIDA, INC.

Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90034 038 ***150.00



Principal Place of Business		Mailing Address					'			******			
11108 RICHLYNE STREET TEMPLE TERRACE FL 33617		11108 RICHLYNE STREET TEMPLE TERRACE FL 33617											
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Suite, Apt. #, etc.							5. Certifo	ate of Status De	sired			e Req	
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<u> </u>	Country Zip			¬ '				orporation owes nal Property Tax.		it year in	Tangible ☐ Yes	1	□No
24	25	Pasistered Agent	30	┸				and Address o		nistered			
	9. Name and Address of Current	Registered Agent		. 8-	1 N	Name	IV. Name	and Address o	1 14644 146		Agent		
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ROIG, RICARDO A 201 N. FRANKLIN STREET				82	2 5	Street Addre	ess (P.O. Box Number is Not Acceptable)						
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I AM	PA FL 33602			84	4 (City					85	Zip C	ode
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office or re	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	f Florida. Such change v	was autho	onzed by	v the	amed corpor e corporation	n's board of	directors. I hereb	y accept	the appo	intment a	s regi	istered
agent. I ai	m familiar with, and accept the obligati	ons or, Section 607.050:	o, Piorida	Statute	5.								
SIGNATURE	4-4-4-4												
1		and title if applicable.	(NOTE: Reg	gistered Age	ent sig	nature required v	when reinstating)		DATE			
	Signature, typed or printed name of registered agent OFFICERS ANI		(NOTE: Reg	jistered Age	ent sig	beriuper erutang	when reinstating	ONS/CHANGES	TO OFF		ND DIRE	СТОР	RS IN 12
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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 leceiver of trusteel 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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP