

FILE NOW: FILING FEE - AMENDED

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED

90 MAR -4 PM 12:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P980000043124

1. Corporation Name
Aquatic Reet systems Inc.

Principal Place of Business
11772 SW 88 St
Miami FL 33186

Mailing Address
11772 SW 88 St
Miami FL 33186

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
MAY 13, 1998

4. FEI Number
65-083-5291

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 [X] No

10. Name and Address of New Registered Agent

2. Principal Place of Business
21 11772 SW 88 St

Suite, Apt. #, etc.

22 City & State
Miami FL

23 Zip Country
33186 Dade-USA

24 33186 25 Dade-USA

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

Guillermo De Howart
1825 Ponce de Leon Blvd
Coral Gables, FL 33134

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL 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

TITLE President Nelson Lopez X DELETE

NAME Nelson Lopez

STREET ADDRESS 8271 SW 43 Ave

CITY-ST-ZIP Miami FL 33155

TITLE [] DELETE

NAME [] DELETE

STREET ADDRESS [] DELETE

CITY-ST-ZIP [] DELETE

TITLE [] DELETE

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NAME [] DELETE

STREET ADDRESS [] DELETE

CITY-ST-ZIP [] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE President Guillermo Fernandez X Change [] Addition

12 NAME Guillermo Fernandez

13 STREET ADDRESS 221 NW 62 Ave

14 CITY-ST-ZIP Miami FL 33126 [] Change X Addition

21 TITLE Vice President Nelson Lopez Jr

22 NAME Nelson Lopez Jr

23 STREET ADDRESS 8271 SW 43 Ave

24 CITY-ST-ZIP Miami FL 33155

31 TITLE [] Change [] Addition

32 NAME [] Change [] Addition

33 STREET ADDRESS [] Change [] Addition

34 CITY-ST-ZIP [] Change [] Addition

41 TITLE [] Change [] Addition

42 NAME [] Change [] Addition

43 STREET ADDRESS [] Change [] Addition

44 CITY-ST-ZIP [] Change [] Addition

51 TITLE [] Change [] Addition

52 NAME [] Change [] Addition

53 STREET ADDRESS [] Change [] Addition

54 CITY-ST-ZIP [] Change [] Addition

61 TITLE [] Change [] Addition

62 NAME [] Change [] Addition

63 STREET ADDRESS [] Change [] Addition

64 CITY-ST-ZIP [] Change [] Addition

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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 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:

Nelson Lopez 3/3/99

3/3/99 (305) 412-8222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)