

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90089 037 ***150.00

0255595

DOCUMENT # P98000091558

1. Corporation Name
AQUASOLAR GROUP, INC.

Principal Place of Business
9301 SOUTHWEST 92ND AVENUE
SUITE B419
MIAMI FL 33176

Mailing Address
9301 SOUTHWEST 92ND AVENUE
SUITE B419
MIAMI FL 33176



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/28/1998

4. FEI Number

☒ 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 ☒ No

2. Principal Place of Business

21 3390 SW. 107 Ave

Suite, Apt. #, etc.

22

City & State

23 MIAMI - FL

Zip

24 33165

Country

25 USA

2a. Mailing Address

26 3390 S.W. 107 Ave.

Suite, Apt. #, etc.

27

City & State

28 MIAMI FL

Zip

29 33165

Country

30 USA

9. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

LUIS H. COSMELLI

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

83 3390 SW. 107 Ave

84 City

MIAMI

FL

85 Zip Code

33165

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

Luis Cosmelli

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/30/99

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME PEREZ-ABAUNZA, SANTIAGO
STREET ADDRESS 9301 SOUTHWEST 92ND AVENUE
CITY-ST-ZIP MIAMI FL 33176

TITLE VD ☐ DELETE
NAME LACAYO, AUGUSTO
STREET ADDRESS 9301 SOUTHWEST 92ND AVENUE
CITY-ST-ZIP MIAMI FL 33176

TITLE STD ☐ DELETE
NAME COSMELLI, LUIS H
STREET ADDRESS 9301 SOUTHWEST 92ND AVENUE
CITY-ST-ZIP MIAMI FL 33176

TITLE D ☒ DELETE
NAME ALESSANDRI, FERNANDO
STREET ADDRESS 9301 SOUTHWEST 92ND AVENUE
CITY-ST-ZIP MIAMI FL 33176

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE:

Luis Cosmelli
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/99

Date

(305) 554-7213

Daytime Phone #

CR2E034 (11/98)