

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Teresa B. Weather  
Treasurer of State  
1995-1997

DOCUMENT # **S07412** (7)

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 MAY -1 AM 11:23

ARUBEX INTERNATIONAL SERVICES CORP.

Principal Office Address: 8803 NW 23 ST MIAMI FL 33172 US  
Mailing Address: 8803 NW 23 ST MIAMI FL 33172 US

PRINTED WHITE IN THIS SPACE

2. Filing Date: 10/22/1990		3a. Date of Last Report: 08/12/1994	
21. % Ownership: Barry Boren		4. FEE Number: 65-0221776	
22. State Agent: HY		5. Certificate of Status Desired: <input type="checkbox"/> \$8.75 Additional Fee Required	
23. City & State: Miami FL		6. For Year Campaign Contributions: <input type="checkbox"/> \$5.00 May Be Added to Fees	
24. Zip Code: 33156		6. Does corporation have liability for delinquency tax under Florida Statutes: <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>BOREN, BARRY M DADE TOWERS 9200 S. DADELAND BLVD., STE. 412 MIAMI FL 33156</b>		10. Name and Address of New Registered Agent	
81. Name:		82. Street Address (P.O. Box Number or Post Office Box):	
83. City:		84. State: <b>FL</b>	
85. Zip Code:		86. Zip Code:	

11. Pursuant to the provisions of Sections 607.02(1) and 607.02(2), Florida Statutes, this above named corporation certifies the statement for the purpose of changing its registered office or registered agent or both in the State of Florida. This change was authorized by the corporation's board of directors. I hereby accept this appointment as registered agent. I am familiar with and accept the obligations of Sections 607.02(1) and 607.02(2), Florida Statutes.

DATE: 6/2/95

12. OFFICERS AND DIRECTORS		13. ADDITIONAL INFORMATION ON OFFICERS AND DIRECTORS	
NAME: VSD REYES, CARLOS J	ADDRESS: 8803 NW 23 ST MIAMI FL	POSITION: President Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME: V REYES, JORGE	ADDRESS: 8803 NW 23 ST MIAMI FL		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME: V LOPEZ, LAZARO J	ADDRESS: 8803 NW 23 ST MIAMI FL	DELETE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME: P PLACERES, FLORENTINO M	ADDRESS: 8803 NW 23 ST MIAMI FL	DELETE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add
NAME:	ADDRESS:		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME:	ADDRESS:		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME:	ADDRESS:		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME:	ADDRESS:		<input type="checkbox"/> Change <input type="checkbox"/> Add

14. I hereby certify that the information reported with this filing is voluntarily furnished and that it is true and correct, for the reasons stated in Section 607.02(1) and (2), Florida Statutes. I further certify that this information is not being reported for any other purpose, and that my signature is not being used for any other purpose. I understand that my signature is required for the report as required by Chapter 607, Florida Statutes, and that my signature is required for the report as required by Chapter 607, Florida Statutes.

SIGNATURE: *[Signature]*  
SIGNATURE AND TITLE IN PRINT: NAME OF SIGNER OFFICER OR DIRECTOR

6/2/95

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

APPROVED  
(AND)  
MAY 21 PM 3:33

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # S 12758

1. Corporation Name

MONOGRAM POOLS & SPAS, INC.

Principal Place of Business  
211 Maitland Ave.  
Altamonte Springs, FL 32751

Mailing Address  
211 Maitland Ave.  
Altamonte Springs, FL 32751

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/01/90  
3a. Date of Last Report: Applied For / Not Applicable  
4. FEI Number: 59-3031370  
5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees  
7. The corporation has liability for intangible tax under S. 199 Q32, Florida Statutes:  Yes  No

2. Principal Place of Business  
21 668 N. Orlando Ave.  
Suite, Apt. #, etc: 22 Suite 1016  
City & State: 23 Maitland, FL  
Zip: 24 32751 Country: 25 Seminole

2a. Mailing Address  
26 1387 Mizell Ave.  
Suite, Apt. #, etc: 27  
City & State: 28 Winter Park, FL  
Zip: 29 32789 Country: 30 Orange

9. Name and Address of Current Registered Agent  
James Lee Strait, Jr.  
1921 Via Venetia  
Winter Park, FL 32789

10. Name and Address of New Registered Agent  
B1 Name: James Lee Strait, III  
B2 Street Address (P.O. Box Number is Not Acceptable): 1387 Mizell Ave.  
B3  
B4 City: Winter Park FL 85 Zip Code: 32789

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: James Lee Strait, III  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renewing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P/D	NAME: James Lee Strait, III	11 TITLE: D/P/S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 211 Maitland Ave.	CITY-ST-ZIP: Altamonte Springs, FL 32701	12 NAME: James Lee Strait, III	
		13 STREET ADDRESS: 1387 Mizell Ave	
		14 CITY-ST-ZIP: Winter Park, FL 32789	
TITLE: VP/D	NAME: James Lee Strait, Jr.	21 TITLE: DELETE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 211 Maitland Ave.	CITY-ST-ZIP: Altamonte Springs, FL 32701	22 NAME: DELETE	
		23 STREET ADDRESS: DELETE	
		24 CITY-ST-ZIP: DELETE	
TITLE:	NAME:	31 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	32 NAME: 700001548037	
		33 STREET ADDRESS: -07/27/95--01080--008	
		34 CITY-ST-ZIP: ****225.00 ****225.00	
TITLE:	NAME:	41 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	42 NAME:	
		43 STREET ADDRESS:	
		44 CITY-ST-ZIP:	
TITLE:	NAME:	51 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	52 NAME:	
		53 STREET ADDRESS:	
		54 CITY-ST-ZIP:	
TITLE:	NAME:	61 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	62 NAME:	
		63 STREET ADDRESS:	
		64 CITY-ST-ZIP:	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: *James Lee Strait, III* James Lee Strait, III 7-3-95 (407)645-5335  
Signature, typed or printed name of signing officer or director Title