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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S81296 (3)

1. Corporation Name

AQUA CARE SYSTEMS OF CHILE, INC.



Principal Place of Business

3806 N. 29TH AVENUE
HOLLYWOOD FL 33020

Mailing Address

3806 N. 29TH AVENUE
HOLLYWOOD FL 33020

3. Date Incorporated or Qualified

09/19/1991

3a. Date of Last Report

02/27/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~FIFER, R. BRIAN~~
~~3806 N. 29TH AVENUE~~
~~HOLLYWOOD FL 33020~~

81 Name WILLIAM K. MACKLEY

82 Street Address (P.O. Box Number is Not Acceptable)
3806 N. 29 AVENUE

83

84 City HOLLYWOOD

FL

85

Zip Code 33020

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 X WILLIAM K. MACKLEY

(NOTE: Registered Agent signature required when reinstating)

1/18/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ~~PTD~~
NAME ~~FIFER, R. BRIAN~~
STREET ADDRESS ~~3806 N 29TH AVE~~
CITY-ST-ZIP ~~HOLLYWOOD FL~~

1.1 TITLE P.T.D.
1.2 NAME WILLIAM K. MACKLEY
1.3 STREET ADDRESS 3806 N. 29 AVENUE
1.4 CITY-ST-ZIP HOLLYWOOD, FL 33020

TITLE VS
NAME SCHULTZ, JEFFREY L.
STREET ADDRESS 3806 N 29TH AVE
CITY-ST-ZIP HOLLYWOOD FL

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

TITLE D
NAME SILVIA, WILLIAM F.
STREET ADDRESS 3806 N 29TH AVE
CITY-ST-ZIP HOLLYWOOD FL

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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 119.07(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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/18/96 (305)9259923

CR2E034 (12/95)