

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V09822

(0)

1. Corporation Name

AQUA SAFARI, INC.



Principal Place of Business

Mailing Address

223 SUNNY ISLES BLVD.
N. MIAMI BEACH FL 33160

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N. MIAMI BEACH FL 33160

3. Date Incorporated or Qualified

01/27/1992

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

65-0309043

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NUDELMAN, DAVID
891 NE 205 ST.
NORTH MIAMI BEACH FL 33179

B1 Name

NUDELMAN, DAVID

B2 Street Address (P.O. Box Number is Not Acceptable)

20260 NE 3rd COURT

B3

B4

CITY NORTH MIAMI BEACH

FL

B5 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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME NUDELMAN, DAVID
STREET ADDRESS 891 NE 205 ST.
CITY-ST-ZIP NORTH MIAMI BEACH FL 33179

1.1 TITLE D ☒ Change ☐ Addition
1.2 NAME NUDELMAN, DAVID
1.3 STREET ADDRESS 20260 NE 3rd COURT
1.4 CITY-ST-ZIP NORTH MIAMI BEACH, FL

TITLE D ☐ DELETE
NAME NUDELMAN, JEROME
STREET ADDRESS 891 NE 205 ST.
CITY-ST-ZIP NORTH MIAMI BEACH FL 33179

2.1 TITLE D ☒ Change ☐ Addition
2.2 NAME NUDELMAN, JEROME
2.3 STREET ADDRESS 20260 NE 3rd COURT
2.4 CITY-ST-ZIP NORTH MIAMI BEACH, FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID E. NUDELMAN
DIRECTOR

4/29/96

305-956-9299

Date

Daytime Phone #

CR2E034 (12/95)