

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
Jun 13 1996 8:00 am
Secretary of State

DOCUMENT # V09822 (0)

1. Corporation Name

AQUA SAFARI, INC.

Principal Place of Business

223 SUNNY ISLES BLVD.
N. MIAMI BEACH FL 33160

Mailing Address

223 SUNNY ISLES BLVD.
N. MIAMI BEACH FL 33160

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

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

3. Date Incorporated or Qualified

01/27/1992

3a. Date of Last Report

05/01/1995

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

10. Name and Address of New Registered Agent

81 Name

NUDELMAN, DAVID

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

20260 NE 3rd COURT

83

84 City

NORTH MIAMI BEACH

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 of officer or director of registered agent and title, if applicable. (NOTE: Registered Agent's signature is required when resigning.)

DATE

12.

OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D

NUDELMAN, DAVID

891 NE 205 ST.

NORTH MIAMI BEACH FL 33179

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

D

NUDELMAN, JEROME

891 NE 205 ST.

NORTH MIAMI BEACH FL 33179

☐ DELETE

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CITY - ST - ZIP

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13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change

☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY - ST - ZIP

D

NUDELMAN, DAVID

20260 NE 3rd COURT

NORTH MIAMI BEACH, FL

☒ Change

☐ Addition

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY - ST - ZIP

D

NUDELMAN, JEROME

20260 NE 3rd COURT

NORTH MIAMI BEACH, FL

☐ Change

☐ Addition

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY - ST - ZIP

☐ Change

☐ Addition

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY - ST - ZIP

☐ Change

☐ Addition

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY - ST - ZIP

☐ Change

☐ Addition

61 TITLE

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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

DAVID I. NUDELMAN
DIRECTOR

6/6/96

305 -

956 - 9299