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CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # V44652 (8)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Corporation Name
SOVEREIGN POOLS, INC.

Principal Place of Business	Mailing Address
9011 S.W. 122 AVE #206 MIAMI FL 33186	P.O. BOX 831571 MIAMI FL 33283

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/12/1992
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21): 8591 S.W. 159 place
2a. Mailing Address (26):
Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):
City & State (23): miami, FL 33193
City & State (28):
Zip (24): 33193 Country (25): U.S.A.
Zip (29): Country (30):

4. FEI Number: 65-0339899 ☐ 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

ALFONSO, DAVID F.
9011 S.W. 122 AVE
#206
MIAMI FL 33186

10. Name and Address of New Registered Agent

81 Name: DAVID F. ALFONSO
82 Street Address (P.O. Box Number is Not Acceptable): 8591 S.W. 159 place
83:
84 City: miami FL 85 Zip Code: 33193

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☒ Change ☐ Addition
NAME	ALFONSO, DAVID F	1.2 NAME		
STREET ADDRESS	P.O. BOX 831571 N/A	1.3 STREET ADDRESS	8591 S.W. 159 place	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	miami, FL 33193	
TITLE	VPS	2.1 TITLE		☒ Change ☐ Addition
NAME	ALFONSO, LINDA	2.2 NAME		
STREET ADDRESS	8741 S.W. 86 ST	2.3 STREET ADDRESS	8591 S.W. 159 place	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	miami, FL 33193	
TITLE	S	3.1 TITLE		☒ Change ☐ Addition
NAME	ALFONSO, LINDA	3.2 NAME		
STREET ADDRESS	8741 S.W. 86 ST	3.3 STREET ADDRESS	8591 S.W. 159 place	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	miami, FL 33193	
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		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)(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.

SIGNATURE: David Alfonso DAVID ALFONSO 1-13-95 380-0500
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Date — Daytime Phone #

0432413 FP