

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 # 684881 (6)

1. Corporation Name

RESOURCE RECOVERY OF AMERICA, INC.



Principal Place of Business
**700 S. ROYAL POINCIANA BLVD.
STE. 800
MIAMI SPRINGS FL 33166
US**

Mailing Address
**700 S. ROYAL POINCIANA BLVD.
STE. 800
MIAMI SPRINGS FL 33166
US**

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

3. Date Incorporated or Qualified
08/20/1980

3a. Date of Last Report
05/11/1995

4. FEI Number
59-2045086

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

**CORPORATION COMPANY OF MIAMI
201 S. BAYSHORE BLVD.
1500 MIAMI CENTER
MIAMI FL 33131**

10. Name and Address of New Registered Agent

81 **Corporation Co. of Miami**
82 **1201 Hays Street**
83
84 **Tallahassee** FL 85 **32301**

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 the filer (if applicable)

(BOTH: Registered Agent Signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

**PSD
GARCIA, ILEANA
700 S. ROYAL POINCIANA BLVD., STE. 800
MIAMI SPRINGS FL 33166**

TITLE ☒ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

**T
PINERA, JULIO
700 S. ROYAL POINCIANA BLVD., STE. 800
MIAMI SPRINGS FL 33166**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

**AS
ABAUNZA, CARLOS
700 S. ROYAL POINCIANA BLVD., STE. 800
MIAMI SPRINGS FL 33166**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

**Carlos ABAUNZA
700 S. Royal Poinciana #800
Miami Springs FL 33166**

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

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

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 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

Ileana Garcia
Secretary

3/21/96 (305) 84-2001

Name

Daytime Phone

CR2E034 (12/95)