## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L88940

241 N.W. 1ST AVE

**SAROZA, ROBERTO** 

4900 NW 36TH AVE

MIAMI FL

**PEMBROKE PINES FL 33028** 

(6)

BIG APPLE DEMOLITION REMOVAL, INC.

**FILED** 

Apr 20 1998 8:00am

Secretary of State

Principal Place of Business Mailing Address					ı tanıldır nat cesmi inila talisi dinil malit dibit dibit dibit dibit dibit dibit ibbi		
4900 NW 36TH AVE. 4900 NW 36TH AVE. MIAMI FL 33142 MIAMI FL 33142					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualified	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
					07/20/1990		
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number	Applied For	
21,3500	) NW 515T.	26 3500 NW	51	57.	65-0209277	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Regulred	
City & Stat		City & State 28 MiAMi, A	<u>-</u> L		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 24 33/	142 25 DSA	29 33/42 30	Country	/SA	8. This corporation owes or has paid the curre Personal Property Tax due June 30.	nt year Intangible Yes \( \square\) No	
9, Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent		
SAROZA, ROBERTO 4900 NW 36TH AVE. MIAMI FL 33142				81 Name  82 Street Address (P.O. Box Number is Not Acceptable)			
							0.,000,7.,
							83
			84	City	FL	85 Zip Code	
11. Pursuant office or agent. La	to the provisions of Sections 607.05 registered agent, or both, in the Stat am familiar with, and accept the obti	.02 and 607.1508, Florida Statutos, e of Horida. Such change was auth gations of, Section 607.0505, Florid	the above norized by a Statutes	e-named c the corpo	orporation submits this statement for the purpose of c ration's board of directors. I hereby accept the appoi	hanging its registered ntment as registered	
SIGNATURE	El-Oliver Land	ZATATI D			guirod when roinslating) DATE		
Signature, typed or printed name of registered agent and title if applicable (NOTE: Register  12. OFFICERS AND DIRECTORS  13.				nt signature re	ADDITIONS/CHANGES TO OFFICERS AND D	DIRECTORS IN 12	
TITLE	ST DELETE		1.1 TITLE				
NAME	SAROZA, ROBERT	120			_		
STREET ADDRESS	TOO TAGE OF OT		1.3 STREET	ADDIBESS			
CITY-ST-ZIP	HIALEAH FL 33010		1.4 CITY-S				
TITLE	V	DELETE	2.1 TITLE	, EIT		Change Addition	
NAME	TAPANES D		22 NAME		_	_ ,	

23 STREFT ADDRESS

**33 STREET ADDRESS** 

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY - ST - ZIP

3.4. CITY-ST-ZIP

2.4 CITY-ST-ZIP

31 TITLE

3.2 NAME

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

14. Thereby certify that the information supplied with this filing 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 couporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if annual report with an address.

01011471107

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME

NEW TARRAIS

DELETE

DELETE

DELETE

DELETE

11 . 111. 0

200 (22 000)

Change

Change

☐ Change

Addition

Addition

Addition

Addition