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

P95000041776 (2) DOCUMENT #

SOIL TECH OF SOUTH FLORIDA, INC.

FILED Apr 28 1998 8:00am Secretary of State



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Principal Place of Business Mailing Address						
14400 N.W. 102ND AVENUE PO BOX 110926						
MAMI FL 33016		HIALEAH FL 33011	HIALEAH FL 33011		DO NOT WRITE	E IN THIS SPACE
					3. Date Incorporated or Qualified	114 77 10 01 7700
					05/26/1995	
2. Principal P	lace of Business	2a, Mailing Address	.	 -	4, FEI Number	Applied For
21		26			65-0585021	Not Applicable
Suite, Apt.	#, etc	Suite, Apt #, etc.	Suite, Apt #, etc.			\$8.75 Additional
22		27	·}		5. Certificate of Status Desired	Fee Required
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be
23		28	28		Trust Fund Contribution	Added to Fees
Zip			Coun	try	8. This corporation owes or has p	aid the current year Intangible
24	25	29	30		Personal Property Tax due Juni	⇒ 30.
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Ro	egistered Agent
M	IJARES, RAMON		8	1 Name		
9995 N.W. 130TH STREET HIALEAH GARDENS FL 33016			8	2 Street Add	iress (P.O. Box Number is Not Accepta	ble)
			L			
İ			8	3		
			8	4 City		85 Zip Code
						FL C C C C C C C C C
11. Pursuant to the provisions of Soctions 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, Soction 607.0505, Florida Statutes.						
SIGNATURE			ST. 5		uired when reinstating)	DATE
Signature: typed or printed name of registered agent and life if applicable (NOTE: Re 12. OF FICEHS AND DIRECTORS				ogeni signature requ	ADDITIONS/CHANGES TO OFFI	
TITLE	D OF HOLITS AND	DELETE	13.	<u> </u>	ADDITIONS/OFFARGES TO OFFE	Change Addition
NAME	MIJARS, RAMON		1.2 NAM			
STREET ADDRESS	9995 N.W. 130TH STREET			ET ADDRESS		[8
CITY - ST - ZIP	HIALEAH GARDENS FL 330	16		-ST-ZIP		
TITLE	D	DELETE	2.1 TITL			Change Addition
NAME	MIJARS, LUISA		2.2 NAM			1
STREET ADDRESS	9995 N.W. 130TH STREET			ET ADDRESS		
CITY-ST-ZIP	HIALEAH GARDENS FL 330	16		1-ST-ZIP		
TITLE		DELETE	3.1 TITLI			Change Addition
NAME			3.2 NAM	E		
STREET ADDRESS				ET ADDRESS		l
CITY-ST-ZIP				r-ST-ZIP		İ
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NAME			4. 2 NAN	RE .		1
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TITLE		DELETE	5.1 TITLE		*	Change Addition
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CITY-ST-ZIP				-ST-ZIP		1
TITLE		☐ D£LE1E	6.1 TITL			Change Addition
NAME		_	6.2 NAM			
STREET ADDRESS				ET ADDRESS		1
CITY-ST-ZIP				-\$T-ZIP		1
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I nereby 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 informatio indicated on this annual report or supplierrental armual 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 furstee 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 or in attachment with an address.

GNATURE: