

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

**FILED**  
**May 05 1998 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1998**



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

**DOCUMENT # P96000102445 (9)**

1. Corporation Name  
**ALLIED ROLL-OFF HOLDINGS, INC.**



Principal Place of Business  
**101 MADEIRA AVE. CORAL GABLES FL 33134**

Mailing Address  
**101 MADEIRA AVE. CORAL GABLES FL 33134**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>9390 NW 109th Street</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>9390 NW 109th Street</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>12/19/1996</b>	
22 City & State 23 <b>Medley, FL</b>		27 City & State 28 <b>Medley, FL</b>		4. FEI Number <b>65-0717850</b> Applied For Not Applicable	
24 <b>33178</b>		29 <b>33178</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
25 Country		30 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
25 Country		30 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>ARAZOZA, COMAS, DE TORRES, FERNANDEZ FRAGA</b> <b>101 MADEIRA AVE.</b> <b>CORAL GABLES FL 33134</b>				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
				85 Zip Code <b>FL</b>	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>PTD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>CUSCO, EDUARDO</b>		1.2 NAME <b>Cusco, Eduardo</b>	
STREET ADDRESS <b>8200 SW 84TH TERR</b>		1.3 STREET ADDRESS <b>9390 NW 109th Street</b>	
CITY-ST-ZIP <b>MIAMI FL</b>		1.4 CITY-ST-ZIP <b>Medley, FL 33178-1225</b>	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE <b>VPSD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME <b>Sotolongo, Raul</b>	
STREET ADDRESS		2.3 STREET ADDRESS <b>9390 NW 109th Street</b>	
CITY-ST-ZIP		2.4 CITY-ST-ZIP <b>Medley, FL 33178-1225</b>	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE <b>VPD</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME <b>Smith, Raul</b>	
STREET ADDRESS		3.3 STREET ADDRESS <b>9390 NW 109th Street</b>	
CITY-ST-ZIP		3.4 CITY-ST-ZIP <b>Medley, FL 33178-1225</b>	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME <b>Hermida, Carlos</b>	
STREET ADDRESS		4.3 STREET ADDRESS <b>9390 NW 109th Street</b>	
CITY-ST-ZIP		4.4 CITY-ST-ZIP <b>Medley, FL 33178-1225</b>	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby 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 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: \_\_\_\_\_

4/17/98

CR2E034 (10/97)