

**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 # **S66381** (2)  
1. Corporation Name  
**BIO-MEDICAL WASTE SERVICES, INC.**



Principal Place of Business: **8285 NW 64TH STREET #5 MIAMI FL 33166**  
Mailing Address: **P.O. BOX 52-7941 MIAMI FL 33152-7941**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields for Suite, Apt. #, etc., City & State, Zip, and Country.

3. Date Incorporated or Qualified: **07/16/1991**  
3a. Date of Last Report: **11/30/1995**  
4. FEI Number: **65-0271958**  
5. Certificate of Status Desired:  \$8.75 Additional Fees 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  
**ERAZO, ALDO  
7891 W. FLAGLER ST.  
123  
MIAMI FL 33144**

10. Name and Address of New Registered Agent  
81 Name: **GEORGE DIAZ, P.A.**  
82 Street Address (P.O. Box Number is Not Acceptable): **9260 SUNSET DRIVE #119**  
84 City: **MIAMI** FL 85 Zip Code: **33173**

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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]*  
Signature typed or printed name of registered agent and firm if applicable

SIGNATURE: *[Signature]*  
NOTE: Registered Agent signature (plus, when necessary) date: **3/19/96**

12. OFFICERS AND DIRECTORS

TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>AGUILAR, RAFAEL</b>	
STREET ADDRESS	<b>8285 NW 64 ST # 5</b>	
CITY-ST-ZIP	<b>MIAMI FL 33166</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BRETON, CRISTIAN</b>	
STREET ADDRESS	<b>8285 NW 64 ST # 5</b>	
CITY-ST-ZIP	<b>MIAMI FL 33166</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>AGUILAR, JAUN C</b>	
STREET ADDRESS	<b>8285 NW 64 ST # 5</b>	
CITY-ST-ZIP	<b>MIAMI FL 33166</b>	
TITLE	<b>S</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>ERANZO, ALDO</b>	
STREET ADDRESS	<b>8285 NW 64 ST # 5</b>	
CITY-ST-ZIP	<b>MIAMI FL 33166</b>	
TITLE	<b>C</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>THOMPSON, CELSO N</b>	
STREET ADDRESS	<b>8285 N.W. 64TH STREET #5</b>	
CITY-ST-ZIP	<b>MIAMI FL 33166</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>VICE PRESIDENT</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>AGUILAR, JUAN C.</b>	
1.3 STREET ADDRESS	<b>8285 N.W. 64 ST. #5</b>	
1.4 CITY-ST-ZIP	<b>MIAMI, FL 33166</b>	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Rafael J. Aguilar* / *[Signature]* **4/2/96** (305) 599-9300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)