

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAY -1 AM 9:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **S89358** (3)  
1. Corporation Name  
**EAST FLORIDA HAULING, INC.**

DO NOT WRITE IN THIS SPACE.

Principal Place of Business Mailing Address  
**8390 N.W. 53RD STREET, #300 MIAMI FL 33166** **8390 N.W. 53RD STREET, #300 MIAMI FL 33166**

3. Date incorporated or Qualified **10/23/1991** 3a. Date of Last Report **03/29/1994**  
4. FEI Number **65-0457054** Applied For  Not Applicable   
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

2. Principal Place of Business 2a. Mailing Address  
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.  
22. City & State 27. City & State  
23. Zip Country 28. Zip Country  
24. Zip Country 29. Zip Country

9. Name and Address of Current Registered Agent  
**AUSTIN, RICHARD B.  
8390 N.W. 53RD STREET, STE 300  
MIAMI FL 33166**

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City **FL** 85. Zip Code

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

12. OFFICERS AND DIRECTORS  
TITLE NAME STREET ADDRESS CITY - ST - ZIP  
PSD **ACUNA, DOMINGO**  
**8888 NW 87TH ST**  
**MIAMI FL**  
VD **ACUNA, JESUS R.**  
**8888 NW 87TH ST**  
**MIAMI FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE **PVS**  Change  Addition  
1.2 NAME **ACUNA, JESUS**  
1.3 STREET ADDRESS **7227 N.W. 29th Avenue**  
1.4 CITY - ST - ZIP **Miami, Florida 33147**  
2.1 TITLE **TD**  Change  Addition  
2.2 NAME **ACUNA, JESUS**  
2.3 STREET ADDRESS **7227 N.W. 29th Avenue**  
2.4 CITY - ST - ZIP **Miami, Florida 33147**  
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

NAME STREET ADDRESS CITY - ST - ZIP  
NAME STREET ADDRESS 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 110.07(3)(b), 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 officer or director 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]* Pres. (305) 592-0036  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR