

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra M. Matheson
Secretary
Tallahassee, Florida 32304-0001

**APPROVED
AND
FILED**

95 APR 28 AM 10:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000055720 (4)**

ECOSTAR ENVIRONMENTAL SERVICES, INC.

1. Principal Office Address 560 N.W. 165TH STREET ROAD NORTH MIAMI FL 33169		2a. Mailing Address 560 N.W. 165TH STREET ROAD NORTH MIAMI FL 33169		3. Date of Incorporation (or qualified) 07/26/1994		3a. Date of Last Report	
2. Principal Office of Registration 21 560 NW 165TH ST. RD.		2a. Mailing Address 26 P.O. BOX 693760		4. FID Number 65-0511317		Applied Fee Not Applicable	
22 State App #		27 State App #		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State NORTH MIAMI, FL.		26 City & State MIAMI, FL.		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 33169		25		29 33269-0760		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

**COHEN, LEWIS R
1399 S.W. FIRST AVENUE
4TH FLOOR
MIAMI FL 33130**

B1 Name	B2 Street Address (P.O. Box Number is Not Acceptable)	B3	B4 City	B5 Zip Code
			FL	

11. Pursuant to the provisions of Sections 607 (2)(b) and 607 (5)(b), 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 (5)(b), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
OFFICER	PD FRAYND, SAUL 560 N.W. 165TH STREET ROAD NORTH MIAMI FL 33169	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	VD DESCALZO, CHRISTOPHER 560 N.W. 165TH STREET ROAD NORTH MIAMI FL 33169 <i>Delete</i>	2. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	SD FRAYND, PAUL 560 N.W. 165TH STREET ROAD NORTH MIAMI FL 33169	3. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		4. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		6. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information furnished on this report is true and correct, and that I am a director, officer, or shareholder of the corporation. I understand that any false or misleading information on this report is a criminal offense under the laws of the State of Florida and may result in the suspension or revocation of the corporation's right to do business in the State of Florida. I understand that any false or misleading information on this report is a criminal offense under the laws of the State of Florida and may result in the suspension or revocation of the corporation's right to do business in the State of Florida.

SIGNATURE: *[Signature]*

04/25/95 (305)945-9200