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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # **P94000027968 (4)**

1. Corporation Name
ABTECH CORP.

Principal Place of Business	Mailing Address
847 NW 119 ST., #205 MIAMI FL 33168	847 NW 119 ST., #205 MIAMI FL 33168

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/12/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 444 BRICKELL AVENUE	26 444 BRICKELL AVENUE
Suite, Apt. #, etc. 22 SUITE # 618	Suite, Apt. #, etc. 27 SUITE# 618
City & State 23 MIAMI FL	City & State 28 MIAMI, FL 33131
Zip / Country 24 33131 / 25 US	Zip / Country 29 33131 / 30 US

4. FEI Number: 65-049 0349 ☐ 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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FORIN, EDSON L 847 NW 119 ST., #205 MIAMI FL 33168	81 Name: FORIN, EDSON L 82 Street Address (P.O. Box Number is Not Acceptable): 444 BRICKELL AVENUE 83 MIAMI, FL 33131 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 _____ DATE _____
Signature, typed or printed name of registered agent, and title if applicable — NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPST	11 TITLE	DPST	☐ Change ☐ Addition
NAME	FORIN, EDSON L	12 NAME	FORIN, EDSON L	
STREET ADDRESS	847 NW 119 ST., #205	13 STREET ADDRESS	444 BRICKELL AVENUE # 618	
CITY ST ZIP	MIAMI FL 33168	14 CITY ST ZIP	MIAMI FL 33131	
TITLE		21 TITLE		☐ Change ☐ Addition
NAME		22 NAME		
STREET ADDRESS		23 STREET ADDRESS		
CITY ST ZIP		24 CITY ST ZIP		
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY ST ZIP		34 CITY ST ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY ST ZIP		44 CITY ST ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY ST ZIP		54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

$225.00

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)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that any 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: _____ EDSON L FORIN 1-27-95 305-377-8501
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

President

0184060 CP