**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**
**AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)**

PROFIT CORPORATION ANNUAL REPORT
**1995**

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

APPROVED AND FILED
95 JUL -3 AM 9:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K39102** **(4)**

1. Corporation Name
**ENVIROTECH ENGINEERING INC.**

Principal Place of Business
~~% OSMUNDO O. MARTINEZ~~
10000 SOUTHWEST 56TH STREET, STE 32
MIAMI FL 33165

Mailing Address
~~% OSMUNDO O. MARTINEZ~~
10000 SOUTHWEST 56TH STREET, STE 32
MIAMI FL 33165

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/17/1988
3a. Date of Last Report: 04/25/1994

2. Principal Place of Business — 21: Same as above
2a. Mailing Address — 26: Same as above
4. FEI Number: 63-0987550 — Applied For / Not Applicable
22. Suite, Apt. #, etc.
27. Suite, Apt. #, etc.
5. Certificate of Status Desired: X — $8.75 Additional Fee Required
23. City & State
28. City & State
6. [illegible] ☐ — $5.00 May Be Added to Fees
24. Zip — 25. Country — 29. Zip — 30. Country
8. This corporation has elected to be governed by Chapter 607, Florida Statutes: ☐ Yes X No

9. Name and Address of Current Registered Agent
~~MARTINEZ, OSMUNDO O.~~
~~2100 PONCE DE LEON BOULEVARD~~
~~SUITE 1100~~
~~CORAL GABLES FL 33134~~

10. Name and Address of New Registered Agent
81. Name: J. Luis Quintana Esq.
82. Street Address (P.O. Box Number is Not Acceptable): 2333 Ponce de Leon Blvd.
83. Suite 1120
84. City: Coral Gables FL — 85. Zip Code: 33134

11. Pursuant to the provisions of Section 607.0505 and 607.0508, 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] — 6-14-95
Registered Agent signature required if filing alone — Registered Agent signature required if filing alone — Date

12. OFFICERS AND DIRECTORS
Title: DPS
Name: RODRIGUEZ, P. NELSON
Street Address: 10000 SW 56TH ST #32
City, St, Zip: MIAMI FL

13. Title / Name / Street Address / City, St, Zip — ☐ Change ☐ Address

14. I hereby certify that the information appearing with this form is substantially formatted and does not exceed the requirements stated in Section 607.0122(6), Florida Statutes. Further certify that the attached [illegible] 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 the report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this form or on an attached sheet with an asterisk.

**SIGNATURE:** [signature] — 6-14-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Date

CR2E034 (3/95)

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