FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # K39102

(4)

ENVIROTECH ENGINEERING INC.

•)

FILED
May 09 1997 8:00am
Secretary of State



minorpar made	or pasiness	Mailing Address			1		
% OSMUNDO O. MARTINEZ 10000 SOUTHWEST 55TH STREET, STE 32 MIAMI FL 33165		% OSMUNDO O. MARTINEZ 10000 SOUTHWEST 56TH STREET. STE 32 MIAMI FL 33165-7163		32			
					3. Date Incorporated or Qualified 10/17/1988	3a. Date of Last Report 02/27/1996	
2. Principa Pl	ace of Business	2a. Mailing Address			4. FEI Number	Applied F	
21		26			63-0987550	Not Applie	***************************************
Suite Apt. 4	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Addition Fee Required	
City & State 23)	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Bo	-
Zip	Country	Zφ	Country		8. This corporation has liability for	···· p·····	
24	25] 9. Name and Address of Curre	29 29 Agent	30		Florida Statutes 10. Name and Address of New Re		
2333 SUIT	ITANA, LUIS J. E PONCE DE LEON BLVD. E 1120 AL GABLES FL 33134		81 82 83 84	Street Address	ess (P.O. Box Number is Not Acceptate 38. Box Number is Not Acceptate 38. Box Number is Not Acceptate 38. Box	Avenue	
11. Pursuant to office or reagent it an SIGNATURE	egistered agent or both, in the Sta n fahriliar mit (and accept the obl	te of Florida. Such change wa gations of, Section 607.0505,	as authorized by Florida Statutes.	the corporati	oration submits this statement for the pion's board of directors. I hereby accept	iurpose of changing its regist of the appointment as registe	stered
12.		Sent and life if applicable. (f ND DIRECTORS	NOTE: Registered Agen	it signature require	ed when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE PERS AND DIRECTORS IN 12	2
12. 111,f	DPS OFFICERS A	DELETE	1,1 TITLE	·····	ADDITIONS/CHARGES TO GITTE		Addition
NAMÉ	RODRIGUEZ, P. NELSON		1.2 NAME				
STREET AUDITESS	10000 SW 56TH ST #32		1.3 STRÉET /	address			
CITY - \$1 - 7/P	MIAMI FL		1.4 CITY-ST				
Til.f		DELETE	2.1 TITLE	·		☐ Change ☐ At	Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET	ADDRESS	•		
C(1Y+S1+7)P			2. 4 CITY-S	T-ZIP			
TIME		DELETE	3.1 TITLE			. Change A	Addition
NAME:			3.2 NAME	[
STREET ADDRESS			3.3 STREET	ADDRESS		•	
C((Y+S)+2)₽			3.4 City-Si	t~ZiP			
THE		DELETE	4.1 TITLE			Change A	Addition
NAV!			4. 2 NAME				
STREET ADDRESS			4.3 STREET	ADDRESS			
COTY ST - ZIP			4.4 CITY - ST	- ZiP			
THLE		DELETE	5.1 TITLE			Change A	Addition
NAM?			5.2 NAME	1			
STREET ADDRESS			5.3 STREET /	ADDRESS			
Dity S1-ZiP			5.4 City-St	- ZIP			
THE		DELETE	6.1 TITLE			☐ Change ☐ Ad	Addition
NAME			6.2 NAME				
STREET ADDRESS			6 3 STREET	ADDRES\$			
C-1Y S1-ZiP			6.4 CITY-ST	- ZIP			
A P. LANCOURCE							

14. I do hereby certify that the information supplied with this filing 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 of supply mental 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 eceiver 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 charged statutes and that my name.

SIGNATURE:

SNATURE AND TYPED OR PRIMED NAME OF SKINING OFFICER OR DIRECTOR

456/97

595 8700