

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P96000102445

1. Corporation Name

ALLIED ROLL-OFF HOLDINGS, INC.

Principal Place of Business

9390 NW 109TH STREET  
MEDLEY FL 33178  
US

Mailing Address

9390 NW 109TH STREET  
MEDLEY FL 33178  
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

29 Zip

Country

9. Name and Address of Current Registered Agent

ARAZOZA, COMAS, DE TORRES, FERNANDEZ FRAGA  
101 MADEIRA AVE.  
CORAL GABLES FL 33134

3. Date Incorporated or Qualified

12/19/1996

4. FEI Number

65-0717850

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 owes the current year Intangible  
Personal Property Tax.

☐ Yes

☐ No

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD  
NAME CUSCO, EDUARDO  
STREET ADDRESS 9390 NW 109TH STREET  
CITY-ST-ZIP MEDLEY FL 33178

☐ DELETE

TITLE VPSD  
NAME SOTOLONGO, RAUL  
STREET ADDRESS 9390 NW 109TH ST  
CITY-ST-ZIP MEDLEY FL 33178

☐ DELETE

TITLE VPD  
NAME SMITH, RAUL  
STREET ADDRESS 9390 NW 109TH ST  
CITY-ST-ZIP MEDLEY FL 33178

☐ DELETE

TITLE D  
NAME HERMIDA, CARLOS  
STREET ADDRESS 9390 NW 109TH ST  
CITY-ST-ZIP MEDLEY FL 33178

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I 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 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 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, with all other like empowered.

SIGNATURE:

RAUL SMITH  
V.P.S.D. SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JAN/14/99

305-8856464

Date

Daytime Phone #

CR2E034 (1/98)

FILED  
Feb 06, 1999 8:00am  
Secretary of State

02-06-1999 90009 007 \*\*\*\*158.75



DO NOT WRITE IN THIS SPACE