

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

0210797

**PROFIT CORPORATION ANNUAL REPORT 1999**



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

**DOCUMENT # 523702**

1. Corporation Name  
**LAZARO'S WASTE SERVICE, INC.**

Principal Place of Business  
**LAZARO'S WASTE SERVICES  
4701 NW 35TH AVE  
MIAMI FL 33142  
US**

Mailing Address  
**LAZARO'S WASTE SERVICES  
4701 NW 35TH AVE  
MIAMI FL 33142  
US**

2. Principal Place of Business  
21 **110 S.E. 6th St.**  
Suite, Apt. #, etc.  
22 **28th FLOOR**  
City & State  
23 **Ft. Lauderdale, FL**  
Zip Country  
24 **33301** 25 **US**

2a. Mailing Address  
26 **110 S.E. 6th St.**  
Suite, Apt. #, etc.  
27 **28th FLOOR**  
City & State  
28 **Ft. Lauderdale, FL**  
Zip Country  
29 **33301** 30 **US**

9. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND RD.  
PLANTATION FL 33324**

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. Thereby 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 client approval

(NOTE: Registered Agents will be required to sign this form)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>DPS</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>LAZARO, OLGA</b>	
STREET ADDRESS	<b>17082 WEST DIXIE HIGHWAY</b>	
CITY-ST-ZIP	<b>NORTH MIAMI BEACH FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13.

11 TITLE	
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**D HARRIS W. HUDSON**  
110 S.E. 6th St, 28th FLOOR  
FT. LAUDERDALE, FL 33301  
 Change  Addition

**P JAMES H. COSMAN**  
110 S.E. 6th St. 28th FLOOR  
FT. LAUDERDALE, FL 33301  
 Change  Addition

**S DAVID A. BARCLAY**  
110 S.E. 6th St., 28th FLOOR  
FT. LAUDERDALE, FL 33301  
 Change  Addition

**T EDWARD A. LANG, III**  
110 S.E. 6th St, 28th FLOOR  
FT. LAUDERDALE, FL 33301  
 Change  Addition

300002792633-31  
-03/02/99-01080-015  
\*\*\*\*150.00 \*\*\*\*150.00  
 Change  Addition

FILED

93 FEB 25 PM 3:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

- 3. Date Incorporated or Qualified: **01/13/1977**
- 4. FEI Number: **65-0391196** Applied For Not Applicable
- 5. Certificate of Status Desired:  **\$8.75** Additional Fee Required
- 6. Election Campaign Financing:  **\$5.00** May Be Added to Fees
- 7. This corporation owes the current year Intangible Personal Property Tax:  Yes  No
- 10. Name and Address of New Registered Agent

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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, a 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 in the attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/99 (954) 769-2928

CR2E034 (11/98)