

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 FEB 14 PM 2:17

DOCUMENT # **618354** (5)

1. Corporation Name  
**A-1 CARTING CORPORATION**

Principal Place of Business  
**8010 NW 56TH ST  
P.O. BOX 52-7563  
MIAMI FL 33166  
US**

Mailing Address  
**10201 SW 133RD ST  
MIAMI FL 33176  
US**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business  
21 **8010 NW 56TH ST.**  
Suite, Apt. #, etc.  
22  
City & State  
23 **Miami, FL**  
Zip  
24 **33166** Country  
25 **USA**

3. Date Incorporated or Qualified  
**04/23/1979**

3a. Date of Last Report  
**02/07/1994**

4. FEI Number  
**59-1903446** 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  
**WITTKIN, CHESTER  
10201 SW 133RD ST  
MIAMI FL 33176**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
(Signature of Agent or Principal Place of Business Agent and Title if applicable) (NOT Registered Agent Signature required when resigning)

12. OFFICERS AND DIRECTORS	
TITLE	<b>PDC</b>
NAME	<b>WITTKIN, CHESTER</b>
STREET ADDRESS	<b>10201 SW 133RD ST</b>
CITY - ST - ZIP	<b>MIAMI FL</b>
TITLE	<b>ST</b>
NAME	<b>WITTKIN, TERRY</b>
STREET ADDRESS	<b>10201 SW 133RD ST</b>
CITY - ST - ZIP	<b>MIAMI FL</b>
TITLE	<b>V</b>
NAME	<b>WITTKIN, MATTHEW</b>
STREET ADDRESS	<b>10201 SW 133RD ST</b>
CITY - ST - ZIP	<b>MIAMI FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 193.07(3)(b), 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 attached form with an address.

SIGNATURE: Chester Wittkin **CHESTER WITTKIN** 2-10-95 305-471-1300  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone