FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 25 PM 1:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # G53993 (3)

1. Corporation Name
BALMET RECYCLING, INC.

Principal Place of Business	Mailing Address
~~11077 BISCAYNE BLVD.~~ ~~PENTHOUSE SUITE~~ ~~MIAMI FL 33161~~	20803 BISCAYNE BLVD. SUITE 200 AVENTURA FL 33180 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 08/11/1993
3a. Date of Last Report: 04/26/1994

2. Principal Place of Business
21 20803 Biscayne Blvd.
Suite, Apt. #, etc.
22 Suite 200
City & State
23 Aventura, Florida
Zip 24 33180 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 59-2349020 ☐ 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

~~BEDZOW AND KORN~~
~~11077 BISCAYNE BLVD~~
~~PENTHOUSE SUITE~~
~~NORTH MIAMI FL 33161~~

10. Name and Address of New Registered Agent

81 Name: Michael Bedzow, Esq.
82 Street Address (P.O. Box Number is Not Acceptable): 20803 Biscayne Boulevard
83 Suite 200
84 City: Aventura FL 85 Zip Code: 33180

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	11 TITLE	☑ Change ☐ Addition
NAME	SINGERMAN, DAVID	12 NAME	
STREET ADDRESS	10171 PELLETIER	13 STREET ADDRESS	
CITY-ST-ZIP	~~MONTREAL NORD, QUEB00000~~	14 CITY-ST-ZIP	MONTREAL, QUEBEC, CANADA H1H 3R2
TITLE	DVS	21 TITLE	☑ Change ☐ Addition
NAME	SINGERMAN, HYMAN	22 NAME	
STREET ADDRESS	10171 PELLETIER	23 STREET ADDRESS	
CITY-ST-ZIP	~~MONTREAL NORD, QUEB00000~~	24 CITY-ST-ZIP	MONTREAL, QUEBEC, CANADA H1H 3R2
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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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 119.07(3)(k), 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, added or deleted.

SIGNATURE: Hyman Singerman
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #

0197002 CP