

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # J63007 (5)

1. Corporation Name

ENVIRONMENTS INTERNATIONAL CORP.

Principal Place of Business

Mailing Address

C/O MAX M. HAGEN, P.A.  
16663 NORTHEAST 19TH AVENUE  
NORTH MIAMI BEACH FL 33162

C/O MAX H. HAGEN  
3900 SHERIDAN ST. #104  
HOLLYWOOD FL 33021  
US



2. Principal Place of Business

2a. Mailing Address

21 NEW ADDRESS

26 NEW ADDRESS

Suite, Apt. MAX M. HAGEN,  
22 3990 SHERIDAN ST. #104  
City & HOLLYWOOD, FL 33021

Suite, Apt. MAX M. HAGEN,  
27 3990 SHERIDAN ST. #104  
City & HOLLYWOOD, FL 33021

23 Zip Country  
24 25

28 Zip Country  
29 30

3. Date Incorporated or Qualified

03/16/1987

3a. Date of Last Report

04/27/1995

4. FEI Number

65-0006564

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

10. Name and Address of New Registered Agent

HAGEN, MAX M  
3990 SHERIDAN ST., #104  
HOLLYWOOD FL 33021

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

NEW ADDRESS

MAX M. HAGEN,

83 City 3990 SHERIDAN ST. #104  
84 HOLLYWOOD, FL 33021 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME ACOSTA, PETER A.  
STREET ADDRESS 3990 SHERIDAN ST., STE. 104  
CITY-ST-ZIP HOLLYWOOD FL

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

TITLE D  
NAME HAGEN, MAX M.  
STREET ADDRESS 3990 SHERIDAN ST., STE. 104  
CITY-ST-ZIP HOLLYWOOD FL

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

TITLE S  
NAME PEREZ, JULIO C  
STREET ADDRESS 10556 N.W. 26TH ST., D-102  
CITY-ST-ZIP MIAMI FL

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  
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 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 or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-01-96 305 593-9933

CR2E034 (12/95)