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

FILED
Mar 07 1996 8:00 am
Secretary of State

DOCUMENT # **J95168** **(7)**

1. Corporation Name
WASTE-X SERVICES, INC.

Principal Place of Business: ~~P.O. BOX 521604 MIAMI FL 33152~~ 8051 N.W. 127 ST OPA LOCKA Fla 33166

Mailing Address: ~~P.O. BOX 521604 MIAMI FL 33152~~ 543 Palm Dr Hallandale FL 33009

3. Date Incorporated or Qualified: 10/01/1987	3a. Date of Last Report: 04/25/1995
4. FEI Number: 65-0007119	☐ 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	

2. Principal Place of Business: 21 8051 N.W. 127 ST	2a. Mailing Address: 26 543 Palm Dr
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Opa Locka FLA	City & State 28 HALLANDALE FL
Zip 24 33054 Country 25 DADE	Zip 29 33009 Country 30 BROWARD

9. Name and Address of Current Registered Agent

LARATRO, DEIDRE
8010 NE 56 ST
MIAMI FL 33166

10. Name and Address of New Registered Agent

81 Name: DEIDRE LARATRO
82 Street Address (P.O. Box Number is Not Acceptable): 543 Palm DR
83
84 City: Hallandale FL 85 Zip Code: 33009

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] DEIDRE LARATRO 1-14-96
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	P	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	LARATRO, DEIDRE		1.2 NAME		
STREET ADDRESS	8010 NW 56 ST		1.3 STREET ADDRESS	543 PALM DRIVE	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE		☐ DELETE	2.1 TITLE	SEC. TRES	☒ Change ☐ Addition
NAME	LARATRO, JOSEPH		2.2 NAME		
STREET ADDRESS	8010 NE 56 ST		2.3 STREET ADDRESS	543 PALM DRIVE	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE	V.P.	☐ DELETE	3.1 TITLE	VICE PRES	☐ Change ☒ Addition
NAME	Louis MANZELLA		3.2 NAME	LOUIS MANZELLA	
STREET ADDRESS	613 HIBISCUS DR		3.3 STREET ADDRESS	613 HIBISCUS DRIVE	
CITY-ST-ZIP	HALLANDALE FLA 33009		3.4 CITY-ST-ZIP	HALLANDALE FL 33009	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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] DEIDRE LARATRO 1-14-96 305-592-5200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)