

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

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1996**



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

**DOCUMENT # L87242 (8)**

1. Corporation Name

**ENVIRONMENTAL SALVAGE TEAM, INC.**



Principal Place of Business

**1583 NW 24 AVE.  
MIAMI FL 33125**

Mailing Address

**1583 NW 24 AVE.  
MIAMI FL 33125**

2. Principal Place of Business

**21 2601 S BAYSHORE DR**

Suite, Apt. #, etc.

**22 2030**

City & State

**23 COCONUT GROVE FL**

**24 33133**

Country

**25 USA**

2a. Mailing Address

**26 2601 S BAYSHORE DR**

Suite, Apt. #, etc.

**27 2030**

City & State

**28 COCONUT GROVE FL**

**29 33133**

Country

**30 USA**

3. Date Incorporated or Qualified

**07/16/1990**

3a. Date of Last Report

**06/23/1995**

4. FEI Number

**65-0357096**

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**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**BLOCK, DAVID  
1585 NW 24 AVE.,  
MIAMI FL 33125**

10. Name and Address of New Registered Agent

81. Name

**BLOCK, DAVID**

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

**2601 S BAYSHORE DR.**

83.

**SUITE # 2030**

84. City

**COCONUT GROVE**

**FL**

85. Zip Code

**33133**

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's signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PST** ☐ DELETE  
NAME **BLOCK, DAVID**  
STREET ADDRESS **1583 NW 24TH AVENUE**  
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PST** ☐ Change ☐ Addition  
1.2 NAME **BLOCK, DAVID**  
1.3 STREET ADDRESS **2601 S BAYSHORE DR. STE 2030**  
1.4 CITY-ST-ZIP **COCONUT GROVE, FL. 33133**

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

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

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

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

6.1 TITLE ☐ Change ☐ 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 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: X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/29/96 (305) 860-8000**  
Date Daytime Phone #

CR2E034 (12/95)