

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90023 008 ***150.00

DOCUMENT # L87242

1. Corporation Name
ENVIRONMENTAL SALVAGE TEAM, INC.

Principal Place of Business

2601 S BAYSHORE DR
SUITE 2030
COCONUT GROVE FL 33133
US

Mailing Address

2601 S BAYSHORE DRIVE
SUITE 2030
COCONUT GROVE FL 33133
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/16/1990

4. FEI Number

65-0357096

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 5900 SW 73RD ST

Suite, Apt. #, etc.

22 # 304

City & State

23 SOUTH MIAMI, FL

Zip

24 33143

Country

25 USA

2a. Mailing Address

26 5900 S.W. 73RD ST

Suite, Apt. #, etc.

27 304

City & State

28 SOUTH MIAMI, FL

Zip

29 33143

Country

30 USA

9. Name and Address of Current Registered Agent

BLOCK, DAVID
2601 S BAYSHORE DRIVE
SUITE 2030
COCONUT GROVE FL 33133

BLOCK, DAVID
5900 S.W. 73RD ST
304
SOUTH MIAMI, FL 33143

10. Name and Address of New Registered Agent

81 Name BLOCK, DAVID

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

83 5900 S.W. 73RD ST.

84 SUITE 304

City MIAMI

FL

85 Zip Code 33143

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

TITLE PST ☐ DELETE

NAME BLOCK, DAVID
STREET ADDRESS 2601 S BAYSHORE DRIVE, SUITE 2030
CITY-ST-ZIP COCONUT GROVE FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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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 PRESIDENT ☒ Change ☐ Addition

12 NAME BLOCK, DAVID
13 STREET ADDRESS 5900 S.W. 73RD ST, # 304
14 CITY-ST-ZIP SOUTH MIAMI, FL. 33143

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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE:

DAVID BLOCK

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

(305) 860-0000

CR2E034 (1/198)

0270954