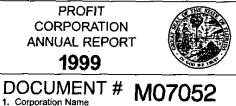
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT** CORPORATION ANNUAL REPORT 1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Secretary of State **DIVISION OF CORPORATIONS** 

## Katherine Harris

## **FILED** Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90027 029 \*\*\*150.00

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ENVIRONMENTAL MANAGEMENT SERVICES INC.							
					A 18618611 HE CHIN SOUN BRIDS CIVID HOL WICH SIDIL BIRIL DIRECTOR	10.011.110.11	
1							
Principal Plac	e of Business	Mailing Address					
8221 NW 54 ST 8221 NW 54 ST							
MIAMI FL 33166 MIAMI FL 33166			<b>.</b> .	المحال فالماوحة الأالم		_	
US		US			DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed	•	
- <del></del>		<del>- , </del>			10/29/1984		
<del>-</del>	Place of Business	2a. Mailing Address				ed For	
21 26				65-0028188 Not Applic		<del>· · ·</del>	
Suite, Apt. #, etc.					5. Certificate of Status Desired  \$8.75 Add		
22 27					Fee Requ		
City & State City & State				6. Election Campaign Financing \$5.00 Ma	ву Ве		
23 28		<del></del>		Trust Fund Contribution Added to F	ees		
Zip	Country	Zip	Countr	У	8. This corporation owes the current year Intangible		
24	25		30			No	
	9. Name and Address of Curren	t Registered Agent	8-	I Name	10. Name and Address of New Registered Agent		
TRIA	NY, CALROS A ESQUIRE		ľ	INaille	•		
	PONCE DE LEON BLVD.		82	Street /	Address (P.O. Box Number is Not Acceptable)		
	TE 1110		83		<del></del>		
	RAL GABLES FL 33134		0.	<b>'</b>		:	
			84	City	85 Zip Coo	le	
11 Durguant	to the provisions of Captions 607 050			<u> </u>	FL		
Office Of 1	egistered agent, or both, in the State	of Fiorida. Such change was au	itnonzea bi	tne como	corporation submits this statement for the purpose of changing its recoration's board of directors. I hereby accept the appointment as regist	ristered ered	
agent. I a	m familiar with, and accept the obligat	tions of, Section 607.0505, Flori	ida Statute	s.	, , , , , , ,		
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable (NOT)	On the sea A				
12.	OFFICERS AN	<del></del>	13.	int signature re	equired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	10.12	
TITLE	Р	DELETE	1,1 TITLE			Addition	
NAME .	INFANTE, JOSE M., JR.		1.2 NAME	}	Frank Chairman H		
STREET ADDRESS	8221 NW 54 ST			T ADDRESS	INFANTE, UNEISTIAN H.		
CITY-ST-ZIP	MIAMI FL 33166		1.4 CITY-5	- 1	INFANTE, ChrisTIAN H. 8221 N.W. 545T. MIAMI, FC 33166	ļ	
TITLE		☐ DELETE	2.1 TITLE	SI-ZIP		Addition	
NAME		<b>-</b>	2.2 NAME	ľ			
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP			2.4 CITY-			ĺ	
TITLE	2 <sup>9-7</sup> 16	☐ DELETE	3.1 TITLE	31-21	[ ] Change	Addition	
NAME	<b>3</b> 9:	<u> </u>	3.2 NAME		□ Change	Addition	
STREET ADDRESS	4		1.	T ADDRESS		- 1	
CITY-ST-ZIP			3.4. CITY-				
TITLE		☐ DELETE	4.1 TITLE	ST-ZIP	Change [	Addition	
NAME			4. 2 NAME		☐ Change [	Addition	
STREET ADDRESS	2 m m m m m m m		4 4 D	T ADDRESS			
CITY-ST-ZIP			4.4 CITY-S			1	
TITLE	<del>-</del> -	☐ DELETE	5.1 TITLE	<u>L</u> IF	☐ Change [	Addition	
NAME <			5.2 NAME		□ Change [	] Addition	
STREET ADDRESS				ADDRESS		'	
CITY-ST-ZIP			5.4 CITY-S	1		J	
TITLE		☐ DELETE	6.1 TITLE		☐ Change 「	7 44/6	
NAME			6.2 NAME		L_1 Change [	Addition	
STREET ADDRESS			6.3 STREET	ADDRESS			
COTY OF TIP			64 CITY OF	J	v	į	

4. 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 adapting with an address, with all other like empowered.

SIGNATURE: