| CORF ANNU | NPROFIT PORATION AL REPORT | Sec | EPARTMENT dra B. Morth cretary of Sta OF CORPOR | am Ite | | | |
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| | MENT # N3627 | 1 (7) | | | | | |
| ENVIRO | NMENTAL SOLUTION INTE | RNATIONAL, INC. | | | | | |
| incipal Place | of Business | Mailing Address | | | | ADAN ANDIN DIATU DIATU DIATU D | I DIN GI DIN HAUN |
| 3826 Castle Hlver Sprin Is | E CLIFF WAY GS MD 20904 | 13826 CASTLE CLIF SILVER SPRINGS M US | | | 3. Date Incorporated or Qualified | 3a. Date of Last F | Report |
| Principal Pla | ice of Business | 2a. Mailing Address | | | 01/24/1990 4. FEI Number | 05/01/19 | pplied For |
| Suite, Apt. # | | 26 Suite, Apt. #, etc | | | 65-0173200 | \$8.75 | lot Applicable Additional |
| City & State | | 27 City & State | | | 5. Certificate of Status Desired 6. Election Campaign Financing | \$5.00 | lequired May Be |
| | Country | 28 Zip | | ountry | Trust Fund Contribution 8. This corporation has liability for in | Addec | I to Fees |
| Zip | 25 | 29 | 30 | | |] Yes 🛄 No | |
| | 9. Name and Address of Curren | nt Hegistered Agent | | 81 Name | | | |
| | /, J. REID ICION, SEXTON, STIPHANY & B | | | 82 Street Add | ress (P.O. Box Number is Not Acceptable | le) | |
| UUNUEP | | | | | | | |
| | ICE DE LEON BLVD. #1015 | | | 83 | | | |
| 999 PON CORAL (| SABLES FL 33134 | da. Such change was autr | norized by the | 84 City | ration submits this statement for the pur ard of directors. I hereby accept the appo | FL | o Code egistered offic agent. 1 am |
| 999 PON CORAL (Pursuant to or register familiar with GNATURE | SABLES FL 33134 o the provisions of Sections 617.0502 ed agent, or both, in the State of Flori th, and accept the obligations of, Sect Signature typed or proled name of registered agent | da. Such change was autr tion 617.0503, Florida Stat | iutes. | 84 City bove-named corpo e corporation's boa | ard or directors. Thereby accept the appr | FL pose of changing its re bintment as registered | agistered offic agent. 1 am |
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