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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000015136 (3)

NORCO/MDP ENVIRONMENTAL ASSETS, INC.

Principal Place of Business Mailing Address % IRVING SHIMOFF 3717 BOWNE ST

FILED Feb 03 1998 8:00am Secretary of State



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CR2E034

175 NW FIRST AVE #2000 COURT HOUSE CENTER FLUSHING NY 11354 MIAMI FL 33128-9965 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/26/1993 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0395943 21 26 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaigh Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 25 29 24 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B & C CORPORATE SERVICES INC** 81 Name 175 NW FIRST AVE SUITE 2000 Street Address (P.O. Box Number is Not Acceptable) **COURT HOUSE CENTER** MIAMI FL 33128-9965 City Zip Code 85 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) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 11 TID F SOLFRED MAIZUS NAME 12 NAME 3717 BOWNE ST STREET ADDRESS 1.3 STREET ADDRESS FLUSHING NY 11354 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE ☐ Change ___ Addition 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY - ST - ZIP TITLE DELETE 3.1 TITLE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 41 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - 71P 4.4 CITY - ST - ZIP ☐ DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY - ST - ZIP __ DELETE Addition 6.1 TITLE 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. Thereby cert.ly that the information supplied with this filling 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 supplies the 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 thy leceiver 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 or an address.

SIGNATURE:

/EQUIRED

1/2/198 718-539-000