

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1996</b>		<b>FLORIDA DEPARTMENT OF STATE</b> Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P93000066260 (9)**

1. Corporation Name

**NO WASTE INTERNATIONAL, INC.**

Principal Place of Business

Mailing Address

**4701 S W 75TH AVE.  
MIAMI FL 33155  
US**

**1015 S.W. 44TH AVE.  
MIAMI FL 33134**



<b>2. Principal Place of Business</b> <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country		<b>2a. Mailing Address</b> <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country		<b>3. Date Incorporated or Qualified</b> <b>09/17/1993</b>	<b>3a. Date of Last Report</b> <b>07/31/1995</b>
<b>4. FEI Number</b> <b>65-0477453</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		<b>6. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<b>8. Name and Address of Current Registered Agent</b> <b>9. Name and Address of New Registered Agent</b>			
<b>10. Name and Address of Current Registered Agent</b> <b>11. Name and Address of New Registered Agent</b>		<b>12. Name and Address of New Registered Agent</b>			

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 type for principal officer or director and fee if applicable

Signature type for registered agent and fee if applicable

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TRUDEAU, ALAIN	1.2 NAME	Trudeau, Jean Pierre
STREET ADDRESS	1015 S.W. 44TH AVE.	1.3 STREET ADDRESS	1190 St. Antoine St. Apt 14
CITY-ST-ZIP	MIAMI FL 33134	1.4 CITY-ST-ZIP	Lachine, Quebec H8S1T4 CA <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE	SVD <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HINTZKE, GEORGE P	2.2 NAME	Brenac, Jean Alain
STREET ADDRESS	29821 S W 169TH AVE	2.3 STREET ADDRESS	550 Biltmore Way
CITY-ST-ZIP	HOMESTEAD FL	2.4 CITY-ST-ZIP	Coral Gables, FL 33134 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	PALMIERI, LOUISE	3.2 NAME	
STREET ADDRESS	1150 SHERBROOKE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LACHINE QUEBEC H8S1H9 CA	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/12/96

305-266-5240

CR2E034 (3/96)