

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

FILED
May 13, 1999 8:00 am
Secretary of State

05-13-1999 90028 049 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT #

1. Corporation Name

RESOURCE RECLAMATION SERVICES, INC.

Principal Place of Business 2650 Biscayne Blvd. Miami, FL 33137	Mailing Address 2650 Biscayne Blvd. Miami, FL 33137
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DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified
11/04/1993

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 2650 Biscayne Blvd. 27 Suite, Apt. #, etc. 28 City & State 29 33137 30 USA	4. FEI Number 65-0462835 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent

Carlos De La Osa
10680 S.W. 113th Place
Suite 101
Miami, FL 33176

10. Name and Address of New Registered Agent

81 Name Neal L. Sandberg, Esq.	82 Street Address 2650 Biscayne Blvd.	83	84 City Miami	85 FL	86 33137
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11. Pursuant to the provisions of Sections 607.0522 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 607.0605, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DPS	<input checked="" type="checkbox"/> DELETE	1.1 TITLE President/Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME Tomas A. Mestre		1.2 NAME Tomas A. Mestre	
STREET ADDRESS 6361 Sunset Drive		1.3 STREET ADDRESS 14201 S.W. 248th Street	
CITY-ST-ZIP South Miami, Florida		1.4 CITY-ST-ZIP Redlands, Florida 33032	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		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 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:


Tomas A. Mestre President

(305) 662-1927

CR2E034 (11/98)