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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000085784 (5)**

1. Corporation Name
THE RECYCLING ENTERPRISE, INC.

Principal Place of Business	Mailing Address
9900 STIRLING RD SUITE 103 COOPER CITY FL 33024	P. O. BOX 821285 SOUTH FLORIDA FL 33082-1285 US

3. Date Incorporated or Qualified: 12/10/1993
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21: 1623 W PRINCETON ST
Suite, Apt. #, etc. 22:
City & State 23: ORLANDO FL
Zip 24: 32804 Country 25:

2a. Mailing Address
26: 3900 E 10TH COURT
Suite, Apt. #, etc. 27:
City & State 28: HIALEAH FL
Zip 29: 33013 Country 30:

4. FEI Number: 65-0452445 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
ZIEGENHIRT, LUIS A
17813 N.W. 15 ST.
PEMBROKE PINES FL 33029

10. Name and Address of New Registered Agent
81 Name: ZIEGENHIRT LUIS A
82 Street Address (P.O. Box Number Is Not Acceptable): 3900 E 10TH COURT
83
84 City: HIALEAH FL 85 Zip Code: 33013

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] LUIS A ZIEGENHIRT PRESIDENT 4/15/97
(Signature, type or print 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	D	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	ZIEGENHIRT, LUIS A		1.2 NAME	
STREET ADDRESS	9900 STIRLING RD		1.3 STREET ADDRESS	3900 E 10TH COURT
CITY-ST-ZIP	COOPER CITY FL 33024		1.4 CITY-ST-ZIP	HIALEAH FL 33013
TITLE	D	☐ DELETE	2.1 TITLE	☒ Change ☐ Addition
NAME	ZIEGENHIRT, HILIANA R		2.2 NAME	
STREET ADDRESS	9900 STIRLING RD		2.3 STREET ADDRESS	3900 E 10TH COURT
CITY-ST-ZIP	COOPER CITY FL 33024		2.4 CITY-ST-ZIP	HIALEAH FL 33013
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	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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.

SIGNATURE: [signature] LUIS A ZIEGENHIRT 4/15/97 (305) 835 2205