

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

FILED  
Mar 05 1998 8:00am  
Secretary of State

DOCUMENT # P93000085784 (5)

1. Corporation Name

THE RECYCLING ENTERPRISE, INC.



Principal Place of Business

Mailing Address

~~1025 W PRINCETON ST~~  
~~SUITE 103~~  
~~ORLANDO FL 32804~~  
~~US~~

~~9900 E 10TH COURT~~  
~~HIALEAH FL 33013~~  
~~US~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/10/1993

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 owes or has paid the current year intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 17813 NW 15 Street

Suite, Apt. #, etc.

22

City & State

23 Pembroke Pines, FL

Zip

24 33029

Country

25 U.S.A

2a. Mailing Address

26 17813 NW 15 Street

Suite, Apt. #, etc.

27

City & State

28 Pembroke Pines, FL

Zip

29 33029

Country

30 U.S.A

9. Name and Address of Current Registered Agent

ZIEGENHIRT, LUIS A  
3900 E 10TH COURT  
HIALEAH FL 33013

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

17813 NW 15 Street

83

84 City

Pembroke Pines

FL

85 Zip Code

33029

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

*Luis A. Ziegenhirt*  
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

2-28-98

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D  
ZIEGENHIRT, LUIS A  
STREET ADDRESS 3900 E 10TH COURT  
CITY-ST-ZIP HIALEAH FL

TITLE ☐ DELETE

NAME D  
ZIEGENHIRT, HILIANA R  
STREET ADDRESS 3900 E 10TH COURT  
CITY-ST-ZIP HIALEAH FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME  
1.3 STREET ADDRESS 17813 NW 15 Street  
1.4 CITY-ST-ZIP Pembroke Pines FL 33029

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS 17813 NW 15 Street  
2.4 CITY-ST-ZIP Pembroke Pines FL 33029

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
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.

SIGNATURE

*Luis A. Ziegenhirt* 2-28-98 954 441-0045

CP2E034 (10/97)