

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 11: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000006421 (9)

1. Corporation Name

WASTE DISPOSAL AND RECYCLING SERVICES, CORPORATI
ON

Principal Place of Business

Mailing Address

~~8924 NW 5 LN
MIAMI FL 33172~~

~~8924 NW 5 LN
MIAMI FL 33172~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

01/18/1994

2. Principal Place of Business

2a. Mailing Address

21 5444 NW 94th DORAL PLACE

26 5444 NW 94th DORAL PLACE

4. FEI Number

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 C. 190.032,
Florida Statutes Yes No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 MIAMI FLORIDA

28 MIAMI FLORIDA

Zip

Country

Zip

Country

24 33178

25 USA

29 33178

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ESTABIL, DONATELLA

~~8924 NW 5 LN~~

~~MIAMI FL 33172~~

81 Name

ESTABIL DONATELLA

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

83

5444 NW 94th DORAL PLACE

84 City

MIAMI

FL

85 Zip Code
33178

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

Donatella Estabil
Signature typed or printed name of registered agent and date of application

DATE: Registered Agent signature required when re-registering

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PSTD
NAME	ESTABIL, DONATELLA
STREET ADDRESS	8924 NW 5 LN
CITY - ST - ZIP	MIAMI FL 33172
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PSTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ESTABIL DONATELLA
1.3 STREET ADDRESS	5444 NW 94 DORAL PLACE
1.4 CITY - ST - ZIP	MIAMI FL. 33178
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 110.07(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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Donatella Estabil
SIGNATURE AND TYPED OR PRINTED NAME OF BOARING OFFICER OR DIRECTOR

4/28/95
Date

223-6100
Telephone #