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APPROVED
AND
FILED

CORPORATION
ANNUAL REPORT
1995



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

95 APR 26 PM 2:56

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000027968 (4)

1. Corporation Name

ABTECH CORP.

Principal Place of Business

847 NW 119 ST., #205
MIAMI FL 33168

Mailing Address

847 NW 119 ST., #205
MIAMI FL 33168

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/12/1994

3a. Date of Last Report

2. Principal Place of Business

21 444 BRICKELL AVENUE

Suite, Apt. #, etc.

22 SUITE # 618

City & State

23 MIAMI FL

Zip

24 33131

Country

25 US

2a. Mailing Address

26 444 BRICKELL AVENUE

Suite, Apt. #, etc.

27 SUITE # 618

City & State

28 MIAMI, FL 33131

Zip

29 33131

Country

30 US

4. FEI Number

65-049 0349

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

FORIN, EDSON L

847 NW 119 ST., #205
MIAMI FL 33168

10. Name and Address of New Registered Agent

81 Name

FORIN, EDSON L

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

444 BRICKELL AVENUE

83

MIAMI, FL 33131

84 City

FL

85 Zip Code

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: Typed or printed name of registered agent and the corporation

NOTE: Registered Agent signature required after recording

Date

12. OFFICERS AND DIRECTORS

TITLE	DPST
NAME	FORIN, EDSON L
STREET ADDRESS	847 NW 119 ST., #205
CITY, ST, ZIP	MIAMI FL 33168
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	DPST	☐ Change ☐ Addition
1.2 NAME	FORIN, EDSON L	
1.3 STREET ADDRESS	444 BRICKELL AVENUE # 618	
1.4 CITY, ST, ZIP	MIAMI FL 33131	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY, ST, ZIP		
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 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

EDSON L FORIN

1-27-95

305-377-8551

Typed or printed name of signing officer or director

President