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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400054165 (3)

POLLUTION PREVENTION CONSULTING. INC.

Principal Place of Business Mailing Address 1172 S DIXIE HWY 1172 S DIXIE HWY SUITE 150 SUITE 150 CORAL GABLES FL 33146-2918 **CORAL GABLES FL 33146** 3a, Date of Last Report 3. Date Incorporated or Qualified 08/02/1996 07/21/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-05 184 19 26 Not Applicable 21 Suite, Apt. #. etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 30 Florida Statutes 24 25 29 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent SPINNENWEBER, JAMES 81 6454 S.W. 102 STREET 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33156 83 **B4** City Zip Code 85 | 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 title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6)13. 12. DELETE 1.1 TITLE Change Addition TITLE SPINNENWEBER, JAMES NAME 1.2 NAME 1172 S. DIXIE HWY #150 STREET ADDRESS 1.3 STREET ADDRESS CORAL GABLES FL 1.4 City-St-ZiP City-St-7/P 1:11£ DELETE 2.1 THILE Change Addition NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - ST-ZIP CITY - \$1 - 2IP DELETE Change Addition THLE 3.1 TITLE 3.2 NAME NAM STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. C(TY-ST-Z)P DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-7IP DELETE Change Addition 5.1 TITLE Tillif NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADORESS 5.4 CITY-ST-ZIP CHY-ST-ZIF Change Addition HitE DELETE 6.1 TITLE 6.2 NAME NAME STREET ADDRESS **63 STREET ADDRESS**

City-St-ZiP 64 City-St-ZiP 64 City-St-ZiP 64 City-St-ZiP 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

SIGNATURE:

appears in Block 12 or Blog

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

nt with an address

anged, or on an atta

Daytime Phone #

FILED

May 15 1997 8:00am

Secretary of State