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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

P95000030564 (5) **DOCUMENT #**

Corporation Name

ALL-COUNTIES WASTE PROCESSING, INC.

Principal Place of Business 8979 N.W. 152ND LANE MIAMI FL 33016

Mailing Address

8979 N.W. 152ND LANE MIAMI FL 33016



3. Date Incorporated or Qualified

3a. Date of Last Report

							04/19/1995					
							4. FEI Number		<u> </u>	lied For		
2. Principal Place of Business			2a. Mailing Address			65-0581452	65-058 1452 Not Applic					
1			26			5. Certificate of Status Desired		\$8.75 AC				
Suite, Apt. #, 6	etc.	\vdash	Suite, Apt. #, etc.				5. Certificate of Status Bosins	. <u></u>	Fee Req	ureo		
2			27 State				6. Election Campaign Financing	г	\$5.00 N	- 1		
City & State		_	City & State				Trust Fund Contribution		Added to			
23			Zir. Country				This corporation has liability for	intangible tax	cunders 19	9.032,		
Zib	Country	-	Zip n	├ ─┐ `	опо у		Florida Statutes	; ∐No				
ະກ ່	25	29		30			10. Name and Address of New I	Registered A	igent			
	9. Name and Address of Curren	t Reg	Istered Agent		81	Name				į.		
	· · ·						and D. Alienter in Not Accepta	he)				
GONZALEZ, ANTONIO						82 Street Address (P.O. Box Number is Not Acceptable)						
9070 N	8979 N.W. 152ND LANE											
MIAMI FL 33016					83							
MIAMIF	-L 33010				84	City		FL	85 Zp C	200e		
í									onging its rec	istered office		
	10-tions 607 0500	and i	607 1508, Florida Statute	es, the a	bove-	named corp	oration submits this statement for the property accept the appared of directors. I hereby accept the appared to	pointment as	registereo a	gent. I am		
11. Pursuant to	the provisions of Sections 607,000a	da. Su	uch change was authorize	ed by th	e corp	poration's bo	oration submits this statement for the poard of directors. I hereby accept the ap					
or registere familiar with	d agent, or both, in the State of Flori n, and accept the obligations of, Sec	tion 60	37.0505, Florida Statutes	٠.								
					ared An	ent signature requ	lired when reinstating)	DATE				
SIGNATURE	Signature, typed or printed name of registered ager	t and titi	ic Turp cot		3.		ADDITIONS/CHANGES TO OF	FICERS AND) DIRECTOR	S IN 12		
12.	OFFICERS AN	ID DIF	RECTORS DELETE		1 TITLE				☐ Change	Addition		
1i]LE	D		☐ Dere is			į.						
NAMÉ	VASCONEZ, JOHN				.2 NAME							
STREET ADDRESS	15490 N.W. 97TH AVE.					ET ADDRESS						
	HIALEAH FL 33016	☐ DEL E TE		1.4 CITY-ST-ZIP				[] Change	☐ Addition			
CITY-ST-ZIP		D		- 1	2. 1 TITLE				_			
THILE	SAROZA, ROBERT JR		•		2.2 NAM	E						
NAMÉ	15490 N.W. 97TH AVE.				2.3 STRE	ET ADDRESS						
STREET ADDRESS	10480 14.41. 57 111 141-			- 1	2.4 CITY	-ST-ZIP			Change	Addition		
CI! Y - ST - ZIP	HIALEAH FL 33016		□ DELETE	TE 3.11		Ę	_		☐ Citange			
TITLE) D			ı	3.2 NAM	AE Ì						
NAMÉ	SAROZA, ROBERTO					REET ADDRESS						
STREET ADDRESS	15490 N.W. 97TH AVE.			ı				_				
City-ST-ZIP	HIALEAH FL 33016					Y-ST-ZIP			Change	■ Addition		
TITLE	D		☐ DEFELE		4 1 111							
NAME	MONTEAGUDO, ALEX				4.2 NA							
	15490 N.W. 97TH AVE.			ı	4 3 STF	REET ADDRESS						
STREET ADDRESS	HIALEAH FL 33016				4.4 CIT	IY-ST-ZIP			Change	☐ Addition		
CITY - ST - ZIP	(IIACEAITTE COUTO		☐ DELETE		5 1 TI	TLE			_			
TITLE	1				5 2 NA	ME						
NAME					53 ST	REET ADDRESS						
STREET ADDRESS					5.4 CF	TY-S1-ZIP			C1 Chance	Addition		
CITY-ST-ZIP			DELETE		6 1 T				Change			
TITLE					6.2 N/							
NAME												
						TREET ADDRESS						
DITTLE OF THE					6.4 C	HY-SI-ZIP	plify for the exemption stated in Section	119.07(3)(k)	Florida State	utes. I further		
14 Ldo ben	eby certify that the information suppl	ed wi	th this filing is voluntarily t	turnishe annuai r	a and eport i	apes not qui is true and a	lalify for the exemption stated in Section courate and that my signature shall have considered by Chapter 60	e the same le	:gal effect as atutes: and t	n made under hat my name		

I do hereby certify that the information supplied with this filing is voluntarily turnished and does not qualify for the exemption stated in Section 119.0/(3)(K), Horida Statutes. 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 131 chapted, or on an attachment with an address.

OFFICER OR DIRECTOR