

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

98 AUG 10 AM 11:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P9500067767**

1. Corporation Name

FLORIDA ENVIRONMENTAL SERVICES, INC.

Principal Place of Business

**13431 SW 14th TERRACE
MIAMI, FL 33185**

Mailing Address

**13431 SW 14th TERRACE
MIAMI FL 33185**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/01/1995

4. FEI Number

65-0604011

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 1780 SW 64th AVE

Suite, Apt. #, etc.

City & State

23 MIAMI, FL

Zip

24 33155

Country

25 DADE

2a. Mailing Address

26 1780 SW 64th AVE

Suite, Apt. #, etc.

City & State

28 MIAMI, FL

Zip

29 33155

Country

30 DADE

9. Name and Address of Current Registered Agent

**GORRITA, MARIO M
1780 SW 64th AVE
MIAMI, FL 33155**

10. Name and Address of New Registered Agent

81 Name

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

83

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 title (if applicable)

(NOTE: Registered Agent signature required when reinstating)

Date

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **ST**
STREET ADDRESS **GORRITA, MARIA C**
CITY- ST- ZIP **1780 SW 64th AVE**
MIAMI, FL 33155

TITLE ☐ DELETE

NAME **GORRITA, MARIO M**
STREET ADDRESS **1780 SW 64th AVE**
CITY- ST- ZIP **MIAMI, FL 33155**

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

11 TITLE ☐ Change ☐ Addition

12 NAME **700002615587-2**

13 STREET ADDRESS **-08/13/98-01101-003**

14 CITY- ST- ZIP ******150.00 ****150.00**

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY- ST- ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY- ST- ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY- ST- ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY- ST- ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY- ST- ZIP

14. I hereby certify that the information supplied in this form does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information included 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 in an attachment with a disclosure.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(305) 265-6165

CR2E034 (10/97)