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

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DOCUMENT # 1. Corporation Name

P95000074021 (3)

AMER	IICAN RECYCLING ENTER	rprise, inc							
Principal Place	e of Business	Mailing Address	Mailing Address			1 8 8 111 8 5 111 1 8 8 11 9	:811 00116 17001 (101 100)		
3401 N. COUNTRY CLUB DR. APT. 617 AVENTURA FL 33180		3401 N. COUNTRY CLUB DR. APT. 617 AVENTURA FL 33180							
					3. Date incorporated or Qualified 09/25/1995	3a. Date of L	ast Report		
21	lace of Business	2a. Mailing Address 26	2a. Mailing Address 26		4. FEI Number 65-0621683	3	Applied For Not Applicable		
Suite, Apt.		Suite, Apt. #, etc.	27		5. Certificate of Status Desired	<u> </u>	8.75 Additional Fee Required		
Orty & State		City & State	T		Election Campaign Financing Trust Fund Contribution	L.J	\$5.00 May Be Added to Fees		
Zip 24	Country 25 9. Name and Address of Curi	Zip 29	30 Country		Florida Statutes				
	9. Name and Address of Con	ent registered Agent	81	Name	10. Name and Address of New R	egistered Agei	1t		
ARIAS	JUAN F		L						
	I. COUNTRY CLUB DR. APT. 6	17	82	Street	dress (P.O. Box Number is Not Acceptable)				
	URA FL 33180	••	83						
			84						
				City		FL 85	· ·		
familiar wi	th, and accept the obligations of, Se Signature, typed or princed name of registered an	orioa. Soon originge was attriorized original statutes.	o by trie corpi	oration s	orporation submits this statement for the pure toard of directors. I hereby accept the apportunity of directors are always accept the apportunity of the second statement of the pure statement for the pure statem	ointment as regis	stered agent. I am		
TITLE	D	DELETE	1. 1 TILE		ADDITIONS/CHANGES TO OFFI		ange Addition		
NAME	ARIAS, JUAN F		1.2 NAME			011	ange [] Addition		
STRÉET ADDRESS	3401 N. COUNTRY CLUB	DR. APT. 617	1.3 STREET	ADDRESS					
CITY-ST-ZIP	AVENTURA FL 33180		1.4 CITY - S						
TITLE		DELETE	2 1 TITLE			[] Ch	ange		
NAME			2.2 NAME				v 🚨		
STREET ADDRESS			23 STREET	ADURESS					
CITY-ST-ZIF			2.4 CHY-S	- ZIF					
TITLE		DELETE	3 1 THE			☐ Chi	ange 🔲 Addition		
NAME			3.2 NAME						
STREET ADDRESS			33 STHEFT	AUDRESS					
CITY-ST-ZIP TITLE		F) bt.c.c	3.4 CHY- \$1	-7IP					
NAME		□ DELETE	4 111716			☐ Cha	ange 🔲 Addition		
STREET ADORESS			4.2 NAME						
CITY-ST-ZIP			4.3 STREFT						
TITLE		DELETE	4.4 Cilly - St	- ZIP	· · · · · · · · · · · · · · · · · ·	Cha	acaa		
NAME			5.2 NAME				ange		
STREET ADDRESS			53 STREET	unagess i					
CITY-ST-ZIP			54 CITY - ST						
TETLE		☐ DELFTE	6 1 TITLE			Cna	ange Addition		
NAME			6.2 NAME						
STREET ADDRESS			63 STREET A	ADDRESS			i		
CITY-ST-ZIP			6.4 C:TY-\$1	-7 P					
oath; that I	OF ITTOM MALION MUCALEU DIT MIS AN	nual report or supplemental annual poration a t the receiver or trustee a	Feport is true	DAME OF THE	lify for the exemption stated in Section 119.0 curate and that my signature shall have the s eithis report as required by Chapter 607, Flo	فسمكؤم لمحمل مجحمة	Caracter Landson I		

SIGNATURE: \(\)

BIGHATURE AND THEO OF PRINTED HAME OF SIGNING OFFICER OF DIRECTOR

1/2-6/96. (305) 932-5183 Days Days Proces