SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

**PROFIT** CORPORATION ANNUAL REPORT

1996



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

DOCUMENT # P95000092229 (0)

INTERNATIONAL RECYCLE, INC.

Principal Place of Business

一個ない!

Mailing Address

FILED

96 SEP 23 PH 4: 22

TALLAH SET OF STATES

| 6941 NW 82 AVE.<br>Miami Fl 33166 |                                       |          | 6941 NW 82 AVE.          |                |   |                           |         |                                       |   | *  |  |                      |                      |                     |                  |              |
|-----------------------------------|---------------------------------------|----------|--------------------------|----------------|---|---------------------------|---------|---------------------------------------|---|--|--|----------------------|----------------------|---------------------|------------------|--------------|
|                                   |                                       |          |                          | MIAMI FL 33166 |   |                           |         |                                       | $-1 + e_{ij} \frac{\langle i, i \rangle}{\langle i, j \rangle}$ |  |  |                      |                      |                     |                  |              |
|                                   |                                       |          |                          |                |   |                           |         |                                       |   | 3.   | Date Incorporated or Qualified 12/04/1995                        | 3a                   | , Date of            | Last F              | Report           |              |
| 2. Principal Place of Business    |                                       |          |                          |                | 2a. Mailing Address   |                           |         |                                       |   | 4.   | FEI Number   | 1                    |                      | A                   | pplied           | For          |
| 21                                |                                       |          |                          |                | 26  |                           |         |                                       |   |  |  |                      |                      | N                   | ot App           | licable      |
| Suite, Apt. #, etc.               |                                       |          |                          | 27             | <b>↓</b>  |                           |         |                                       |   | 5. Certificate of Status Desired See Required Fee Required |  |                      |                      |                     |                  |              |
| City & State                      |                                       |          |                          | 28             | 4   |                           |         |                                       |   |  | Election Campaign Financing<br>Trust Fund Contribution           |                      |                      | 5.00<br>Added       |                  |              |
| Zip                               | -                                     | _        | untry                    |                |   | <u> </u>                  | ıntry   | •                                     |   |  | This corporation has liability fo                                | _ ~                  |                      |                     | . 199.0          | 032,         |
| 24                                | 9 Name s                              |          | dress of Current         | 29<br>Regi     | stored Agent  | 30                        | 1       |                                       |   |  | Florida Statutes  Name and Address of New R                      | Yes                  |                      |                     |                  |              |
|                                   |                                       |          |                          | , iog.         | atorou Agont  |                           | 81      | Name                                  |   | 10.  | Traine una Address of Mon II                                     | ograto.              | ou ngon              | •                   |                  |              |
| _                                 | LLARROEL, I                           |          | EL                       |                |   |                           | 82      |                                       | 6 .1.2  | 75.  |  |                      |                      |                     |                  |              |
| 6941 NW 82 AVE.<br>MIAMI FL 33166 |                                       |          |                          |                |   |                           |         | Street A                              | adoress   | \$ (P.C  | <ol><li>Box Number is Not Accepta</li></ol>                      | DIG)                 |                      |                     |                  |              |
| TYTU                              | WILL 99 10                            | ri)      |                          |                |   |                           | 83      |                                       |   |  |  |                      |                      |                     |                  |              |
|                                   |                                       |          |                          |                |   |                           | 84      | City                                  |   |  |  |                      | <b>.</b> 85          | 700                 | Code             |              |
|                                   |                                       |          |                          |                | <u> </u>  |                           |         |                                       |   |  | <u> </u>   |                      | - <u>i</u> _         | 1                   |                  |              |
| office or re                      | egistered age                         | nt, or l | both, in the State o     | f Flori        | 507.1508, Florida Statut<br>ida. Such change was a<br>nf, Section 607.0505, Flo | authorized                | yd t    | the corpo                             | corporati<br>oration's  | tion i<br>s boa  | submits this statement for the pard of directors. I hereby accep | ourpose<br>of the ap | of chang<br>ppointme | ging its<br>nt as r | regisi<br>egiste | tered<br>red |
| SIGNATURE                         | Signalute, typed or                   | printed  | name of registered agent | and life       | c if apolicable (NO   | 1E: Rog stere             | d Age   | rt sionature                          | required wh   | hen re   | eiostatino)  | TACI                 | t                    |                     |                  |              |
| 12.                               | Organisa of Affica or                 |          | OFFICERS AND             |                |   | 13.                       |         | · · · · · · · · · · · · · · · · · · · |   |  | DDITIONS/CHANGES TO OFF  |                      |                      | ECTOP               | RS IN 1          | 12           |
| TITLE                             | Preside                               | n#-      | 11                       | ,              | DELETE  | 1.1 T                     | TLE     |                                       |   |  |  |                      |                      | hange               |                  | Addition     |
| NAME                              | Michael                               | 1 L      | 1. Herroel               |                |   | 1.2 N                     | AMÉ     | Ī                                     |   |  |  |                      |                      |                     |                  |              |
| STREET ADDRESS                    | 6941 N                                | W        | 12 NOE                   | _              |   | 1.3 \$                    | TREET   | ADDRESS                               |   |  |  |                      |                      |                     |                  |              |
| CITY-ST-ZIP                       | MIAMI                                 | 1        | 4 3316                   | 6              |   | 1.4 0                     | ITY - S | 1 - Z(P                               |   |  |  |                      |                      |                     |                  |              |
| TITLE                             | Vice ;                                | 79       | esident,<br>Ibriouf      |                | DELETE  | 2.1 TI                    | TLE     |                                       |   |  |  |                      |                      | Change              |                  | Addilion     |
| NAME .                            | Dmiel                                 | V        | 1124104                  |                |   | 2.2 N                     | AME     | ļ                                     |   |  |  |                      |                      |                     |                  |              |
| STREET ADDRESS                    | 6941 1                                | vu       | 1. 82 Ave                |                |   | 2.3 S                     | TREET   | ADDRESS                               |   |  |  |                      |                      |                     |                  |              |
| CITY-ST-ZIP                       | MIRITI                                | /        | Uz 3310                  | 6,             | <del></del>   | 2 4 0                     | HY-5    | ST-ZIP                                |   |  |  |                      |                      |                     |                  |              |
| TITLE                             |                                       |          |                          |                | DELETE  | 3.1 TI                    | TLE     | ļ                                     |   |  |  |                      |                      | hange               | □.               | Addition     |
| NAME                              |                                       |          |                          |                |   | 3.2 N                     | AME     | - }                                   |   |  |  |                      |                      |                     |                  |              |
| STREET ADDRESS                    |                                       |          |                          |                |   | 3.3 S                     | TREET   | ADDRESS                               |   |  |  |                      |                      |                     |                  |              |
| CITY-ST-ZIP                       |                                       |          |                          |                | T T DELETE  |                           |         | 31 - ZIP                              |   |  |  |                      |                      | ×                   | <u> </u>         | 1111         |
| TITLE                             |                                       |          |                          |                | DELETE  | 4.1 11                    |         | !                                     |   |  |  |                      | ☐ (                  | hange               | ⊔ .              | Addition     |
| NAME                              |                                       |          |                          |                |   | 4 2 1                     |         |                                       |   |  |  |                      |                      |                     |                  |              |
| STREET ADDRESS                    |                                       |          |                          |                |   |                           |         | ADDRESS                               |   |  |  |                      |                      |                     |                  |              |
| CITY-ST-ZIP                       |                                       |          |                          |                | DELETE  |                           | ITY - S | I - ZIP                               |   |  |  |                      | 777                  | hange               |                  | Addition     |
| TITLE                             |                                       |          |                          |                | C 100000  | 5.1 TI<br>5.2 N           |         |                                       |   |  | $m\omega B$  |                      |                      | zilali <b>y</b> c   | Ш '              | nounton      |
| NAME<br>STREET ADDRESS            |                                       |          |                          |                |   |                           |         | ADDRESS                               |   |  |  |                      |                      |                     |                  |              |
| · · · · · · · [                   |                                       |          |                          |                |   |                           | IREE I  |                                       |   |  | 10-9-96  |                      |                      |                     |                  |              |
| CITY-ST-ZIP                       |                                       |          |                          |                | DELETE  | 6.1 Ti                    |         | 1 - ZIF                               |   |  |  |                      | П                    | hange               | П                | Addition     |
| NAME                              |                                       |          |                          |                |   | 6.2 N                     |         |                                       |   |  |  |                      |                      | y-                  |                  |              |
| STREET ADDRESS                    |                                       |          |                          |                |   |                           |         | ADDRESS                               |   |  |  |                      |                      |                     |                  |              |
| CITY-ST-ZIP                       |                                       |          |                          | ,              |   |                           | TY-S    |                                       |   |  | BBANK 20   | ,                    |                      |                     |                  |              |
| 14. I do hereb                    |                                       |          | ormation up lied         | WATER THE      | his filing is voluntarily fu  | rnished a                 | nd c    | oes not o                             | qualify fo  | or th  | e exemption stated in Section                                    | 119.070              | (3)(k), Flo          | rida St             | atutes           | i. I         |
| further cer                       | rtify that the in<br>ler oath; that I | forma    | tion indv.ateki og li    | // an          | null report or suppleme   | ental annu<br>elver or tr | al ro   | port is tr                            | ue and a  | acci   | urate and that my signature shoute this report as required by    | all have             | the same             | e legal             | effect           | as if        |
|                                   | ame appears i                         |          |                          | chanc          | d, o on an atlachmer  | nt with an                | add     | ress.                                 | 5100 101  | CAG  | - A  | Shapho               |                      |                     | Sidios           | , unu        |

SIGNATURE: