

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000020857 (4)
 1. Corporation Name
FLORIDA WOOD RECYCLING, INC.



Principal Place of Business 930 WASHINGTON AVE 3RD FLOOR MIAMI BEACH FL 33139	Mailing Address 930 WASHINGTON AVE 3RD FLOOR MIAMI BEACH FL 33139-5084
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3. Date Incorporated or Qualified 03/04/1996	3a. Date of Last Report —
4. FEI Number 65-0717263	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 9651 NW 89th Ave	2a. Mailing Address 26 same as 2
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State Medley, FL	28 City & State
24 Zip 33178	25 Country USA
29 Zip	30 Country

g. Name and Address of Current Registered Agent

**MIRMELLI, STEWART M
930 WASHINGTON AVE
3RD FLOOR
MIAMI BEACH FL 33139**

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
FL B5 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	PDS <input checked="" type="checkbox"/> DELETE
NAME	MIRMELLI, STEWART M
STREET ADDRESS	930 WASHINGTON AVE 3RD FLOOR
CITY-ST-ZIP	MIAMI BEACH FL 33139
TITLE	Samuel Gniewisch - V.P. Secretary <input type="checkbox"/> DELETE
NAME	Samuel Gniewisch
STREET ADDRESS	135 Stinson Street
CITY-ST-ZIP	Ville St. Laurent, Que HANZEI
TITLE	Harvey Schneider - President Treasurer <input type="checkbox"/> DELETE
NAME	Harvey Schneider
STREET ADDRESS	154 Stephanie
CITY-ST-ZIP	Dollard Des Ormeaux H9A3B9 Montreal, Quebec
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS Change Addition

1.1 TITLE	Samuel Gniewisch	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	vice pres. - secretary	
1.3 STREET ADDRESS	135 Stinson Street	
1.4 CITY-ST-ZIP	Ville St. Laurent, Que HANZEI	
2.1 TITLE	President & Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Harvey Schneider	
2.3 STREET ADDRESS	154 Stephanie	
2.4 CITY-ST-ZIP	Dollard Des Ormeaux H9A3B9 Montreal, Quebec	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  **Samuel Gniewisch** Jan. 8, 1997
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CP2E034 (9/96)