

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000034704 (2)**  
1. Corporation Name  
**SOUTH DADE RECYCLING CENTER**

Principal Place of Business <b>7809 NORTHWEST 57TH STREET MIAMI FL 33166</b>	Mailing Address <b>7809 NORTHWEST 57TH STREET MIAMI FL 33166</b>
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FILED

97 JUL 29 AM 8:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>04/18/1996</b>		3a. Date of Last Report	
4. FEI Number <b>05-0672823</b>		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No							

9. Name and Address of Current Registered Agent <b>ANDREU, MAXIMILLIANO J 230 SOUTHWEST 15TH STREET FT. LAUDERDALE FL 33315</b>				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code <b>FL</b>			
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	NAME	ANDREU, MAXIMILIANO J	1.1 TITLE		1.2 NAME	400002258554--7
STREET ADDRESS		STREET ADDRESS	230 SOUTHWEST 15TH STREET	1.3 STREET ADDRESS		1.4 CITY-ST-ZIP	-08/05/97--01095--011
CITY-ST-ZIP		CITY-ST-ZIP	FT. LAUDERDALE FL 33315	2.1 TITLE		2.2 NAME	****165.00 ****165.00
TITLE	VD	NAME	AMARO, GRACIELA M	2.3 STREET ADDRESS		2.4 CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS	5859 SOUTHWEST 24TH STREET	3.1 TITLE		3.2 NAME	
CITY-ST-ZIP		CITY-ST-ZIP	MIAMI FL 33155	3.3 STREET ADDRESS		3.4 CITY-ST-ZIP	
TITLE	STD	NAME	VALDES, RITA M	4.1 TITLE		4.2 NAME	
STREET ADDRESS		STREET ADDRESS	1055 WEST 30TH STREET	4.3 STREET ADDRESS		4.4 CITY-ST-ZIP	
CITY-ST-ZIP		CITY-ST-ZIP	HIALEAH FL 33012	5.1 TITLE		5.2 NAME	
TITLE		NAME		5.3 STREET ADDRESS		5.4 CITY-ST-ZIP	
STREET ADDRESS		STREET ADDRESS		6.1 TITLE		6.2 NAME	
CITY-ST-ZIP		CITY-ST-ZIP		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; and that I am duly 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 newly added with an address.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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## South Dade Recycling Center

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7809 Northwest 57th Street  
Miami, Florida 33166  
(305) 470-4501  
Fax (305) 470-9749

July 21, 1997

Florida Department of State  
Divisions of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

RE: South Dade Recycling Center

Dear Sir/Madam:

We have received a 2nd notice from your office pertaining to the filing fee for 1997. We never received the first notice. I have been advised by your office to advise you of this, complete the form and mail you a check in the amount of \$165.00.

If you have any questions please contact our office.

Sincerely,



RITA M. VALDES  
SECRETARY/TREASURER

RMV