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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P96000044068 (0)**

1. Corporation Name
WASTE TRANSFER, INC.

Principal Place of Business	Mailing Address
19655 E. COUNTRY CLUB DR., STE. 302 AVENTURA FL 33180	19655 E. COUNTRY CLUB DR., STE. 302 AVENTURA FL 33180-4804

3. Date Incorporated or Qualified: 05/17/1996
3a. Date of Last Report: N/A

2. Principal Place of Business
21: 337 IVES DAIRY Rd
Suite, Apt. #, etc. 22: CONDO #8
City & State 23: MIAMI, FL.
Zip 24: 33179 Country 25: USA

2a. Mailing Address
26: 337 IVES Dairy Rd.
Suite, Apt. #, etc. 27: CONDO #8
City & State 28: MIAMI, FL
Zip 29: 33179 Country 30: USA

4. FEI Number: 65-0658200 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
POTTER, PAULA
19655 E. COUNTRY CLUB DR., STE. 302
AVENTURA FL 33180

10. Name and Address of New Registered Agent
81 Name: KENNETH POTTER
82 Street Address (P.O. Box Number is Not Acceptable): 337 IVES DAIRY Rd.
83: CONDO #8
84 City: MIAMI FL 85 Zip Code: 33179

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] KENNETH POTTER 04-30-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	POTTER, PAULA		1.2 NAME		
STREET ADDRESS	19655 E. COUNTRY CLUB DR., STE. 302		1.3 STREET ADDRESS		
CITY-ST-ZIP	AVENTURA FL 33180		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

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: Paula Potter PAULA Potter 04-30-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #