


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

FILED
Jun 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morthahn Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000072262 (4)

1. Corporation Name
COMPOST CONSULTANTS COMPANY

Principal Place of Business

**2650 BISCAYNE BLVD
MIAMI FL 33137**

Mailing Address

**2650 BISCAYNE BLVD
MIAMI FL 33137-4531**



2. Principal Place of Business 21 6361 Sunset Drive Suite, Apt. #, etc.		2a. Mailing Address 26 6361 Sunset Drive Suite, Apt. #, etc.		3. Date Incorporated or Qualified 08/29/1996		3a. Date of Last Report	
22 City & State 23 Miami, Florida		27 City & State 28 Miami, Florida		4. FEI Number 65-0702158		Applied For Not Applicable	
24 33143 25 Dade		29 33143 30 Dade		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 checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

**SANDBERG, NEAL L
2650 BISCAYNE BLVD
MIAMI FL 33137**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

4/16/97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANDBERG, NEAL	1.2 NAME	Tomas A. Mestre
STREET ADDRESS	2650 BISCAYNE BLVD	1.3 STREET ADDRESS	6361 Sunset Drive
CITY-ST-ZIP	MIAMI FL 33137	1.4 CITY-ST-ZIP	Miami, Florida 33143 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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. 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 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. This appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

[Handwritten signatures]

CR2E034 (9/96)