4-11-97 B-44430 C

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Apr 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT

1997

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

DOCUMENT # P96000090082 (4)

1. Corporation Name
ALTERNATIVE RECOVERY SERVICES, INC.

Principal Place of Business	Mailing Address
P O BOX 291662 DAVIE FL 33329-1662	P O BOX 291662 DAVIE FL 33329-1662

3. Date Incorporated or Qualified: **10/30/1996**
3a. Date of Last Report:

2. Principal Place of Business
21 **2880 W.Oakland Pk.Blvd.**
Suite, Apt. #, etc.
22 **209**
City & State
23 **Ft.Lauderdale , Florida**
Zip 24 **33311** Country 25 **U.S.A**

2a. Mailing Address
26 **2880 W.Oakland Pk.Blvd.**
Suite, Apt. #, etc.
27 **209**
City & State
28 **Ft. Lauderdale, Florida**
Zip 29 **33311** Country 30 **U.S.A**

4. FEI Number: **650702595** ☐ 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

VILLANUEVA, VICTOR
3000 NW 5TH TERR #111
POMPANO BEACH FL 33064

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 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 **Victor Villanueva.-President.**
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	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	VILLANUEVA, VICTOR		1.2 NAME		
STREET ADDRESS	3000 NW 5TH TERR #111		1.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL 33064-1662		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	COCHRANE, THOMAS H		2.2 NAME		
STREET ADDRESS	1634 SW 4TH AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL 33315		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	NOVAK, PATRICIA		3.2 NAME		
STREET ADDRESS	1634 SW 4TH AVE		3.3 STREET ADDRESS		
CITY-ST-ZIP	FT LAUDERDALE FL 33315		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: Victor Villanueva Victor Villanueva 4/15/97