FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Apr 30 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P97000009941 (0) SOUTH FLORIDA SHREDDING, INC. Principal Place of Business Mailing Address 1500 N.W. 1ST STREET, UNIT D 1500 N.W. 1ST STREET, UNIT D DANIA FL 33004 DANIA FL 33004 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 01/27/1997 2. Principal Place of Business 2a. Mailing Address Applied For 98-015 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible X Yes Personal Property Tax due June 30. □ No 24 29 30 25 10. Name and Address of New Registered Agent g. Name and Address of Current Registered Agent 1500 N.W. 1ST STREET, UNIT D DANIA FL 99004 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 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 fulth, and accept the appointment as registered statutes.

SIGNATURE

Storature tools of change agent accept the policy of the corporation of the college agent. I have been do registered agent. I have been d OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE PRESTORNY MONTEAGUDO, ROBERT-NAME 1.2 NAME GREG BROPH 19499 N.W. 14TH STREET STREET ADDRESS 1 3 STREET ADDRESS 2359 ROYALWINDSUR DA, #15 PEMBROKE PINES-FL 33029 CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE TITLE 21 TITLE PEPEIRAS MONTEAGUDO, ANA M 2 2 NAME NAME 19499 N.W. 14TH STREET 2.3 STREET ADDRESS STREET ADDRESS DESAN LANE DR #5% REMBROKE PINES EL 33029 CITY-ST-ZIP 2. 4 CITY - ST-ZIP ☐ DELETE 3.1 TITLE Addition TITLE 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Addition 4.1 TITLE Change TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADORESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE 5 1 TITLE Change ■ Addition NAME 52 NAME STREET ADDRESS **5 3 STREET ADDRESS** CITY - ST - ZIP 5.4 CITY-ST-ZIP Change Addition DELETE TITLE 6.1 TITLE NAME 6.2 NAME

6.3 STREET ADDRESS

14. Thereby certify that the information supplied with this filling 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

SIGNATURE: (X) Sun Loclina

STREET ADDRESS

4/24/98

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