SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

AMOUNT DE	DE ON DEPONE 03130130. \$330 (IF	DISSOCIALD, MINIMUM AMOUNT DOE	TO RELIGIONE, 4100).	· · · · · · · · · · · · · · · · · · ·	8
COF	PROFIT RPORATION UAL REPORT	Sandra B	RTMENT OF STATE J. Mortham ry of State	FILED	
	1998	DIVISION OF C	CORPORATIONS		
DOCUMENT # P9700030380 (4)				98 NOV 24 PM 4: 19	
SAFER ENVIRONMENTAL SOLUTIONS, INC.				SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Plac	ce of Business	Mailing Address	<u> </u>		
10083 SW 142 MIAMI FL 3313		10083 SW 142 PLACE MIAMI FL 33136		REINSTATEMENT	8
		,		3. Date Incorporated or Qualified 04/03/1997	
2. Principal F	Place of Business	2a. Mailing Address	EDALE DE.	4. FEI Number	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	EDMES DE.	5 Certificate of Status Desired \$8.7	5 Additional
City & Stat	te	City & State		Fee	Required May Be
	ZAKAR, FL	28 MIRANGE	, , _ ,	Trust Fund Contribution Add	ed to Fees
Zip 24 330 d	25 /15 H		30 USA	8. This corporation owes or has paid the current year Personal Property Tax due June 30. Yes	Intangible No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent FISTEL, F. SCOTT 81 Name					
2331 N. STATE ROAD 7, #220 82 Street Address (R.D. Box Number is Mot Acquentable)					
LAUDERHILL FL 33313 380 Kovardates Da. P-					
MIZAMAR FL 33005					
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. Study as authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or amiliar with, and accept the obligations of, segtion 607.0505, Florida Statutes.					
SIGNATURE LEGISLE STUB DOUGLAS K. STUBL 11/18/98					
12.		AND DIRECTORS	. 13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECT	TORS IN 12
TITLE	D'PIERRE, JOEL	DELETE	1.1 TITLE	PRESIDENT Change	CTORS IN 12 g p in indibba
NAME STREET ADDRESS	10083 SW 142 PLACE		1.2 NAME 1.3 STREET ADDRESS	1380 ZIVERDALE DR. N.	80
CITY-ST-ZIP	MIAMI FL 33136		1,4 CITY-ST-ZIP	MIRAMAR, FL 33025	
TITLE		DELETE	Z.1 INLE		
NAME			2.2 NAME	SOPHIE BLANC 1380 RIVERPALE DR. H.	
STREET ADORESS CITY-ST-ZIP		•	2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	GIRAMAR FL 33025	-
TITLE		DELETE	3.1 TITLE		e Addition
NAME			3.2 NAME]
STREET AQURESS			3.3 STREET ADDRESS]
CITY-ST-ZIP		DELETE	3.4 CITY-ST-ZIP 4.1 TITLE	Chang	e Addition
NAME		<u> </u>	4.2 NAME	40000269858 -12/01/9801031	42
STREET ADDRESS			4.3 STREET ADDRESS	-12/01/98U1U31	012 *750.00
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
NAME		DELETE	5.2 NAME	[] Chang	e L_ Addition
STREET ADDRESS			5.3 STREET ADDRESS	_	_
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE NAME		DELETE	6.1 TITLE 6.2 NAME	[_] chard	2 H Addition
STREET ADDRESS			6.3 STREET ADDRESS		·/
CITY-ST-ZIP			6.4 CITY-ST-ZIP		
14. I 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 addressy)					
SIGNATURE: DIGITIZED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DATE DATE DATE DATE DATE DATE DATE					
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNAG OFFICER OR DIRECTOR Date Daytime Phone #					