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

FILED PROFIT Jan 30 1998 8:00am ELORIDA DEPARTMENT DE STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State **DIVISION OF CORPORATIONS** 1998 P97000057860 (3) DOCUMENT # MIAMI ENTERPRISES RECYCLING, INC. Principal Place of Business Mailing Address 7900 NW 60 ST. 7900 NW 60 ST. MIAMI FL 33166 **MIAMI FL 33166** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/02/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65→ 0770053-151612 Not Applicable 26 Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name 81 RODRIGUEZ, JOE 8428 SW 24 ST. #341 Street Address (P.O. Box Number is Not Acceptable) 82 MIAMI FL 33155 83 84 City 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change DELETE 1.1 TITLE ___ Addition TITLE RODRIGUEZ, JOE NAME 12 NAME 8428 SW 24 ST. #341 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33155** CITY-ST-ZIP 1.4 City-St-ZIP DELETE Change Addition TITLE 21 TITLE NAME 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 31 TITLE ☐ Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADORESS STREET ADDRESS CITY-ST-ZIP 4.4 City - St - ZiP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP TITLE DELETE 6.1 TITLE ☐ Change Addition

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 supplimental annual report and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation or the receiver or trystee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in officer or director of the corporation or Block 12 or Block 13 if changed, or on

6.2 NAME

6.3 STREET ADDRESS

CIGNATURE.

NAME

STREET ADDRESS

CITY-ST-ZIP

01-20.98