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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STAT

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000065111 (1)

UNITED ENVIRONMENTAL SERVICES OF SO. FLA., INC.

Principal Place of Business

Mailing Address

FILED Apr 20 1998 8:00am Secretary of State



11/2/00 600 40 120

3211 PONCE DE LEON BLVD SUITE 301 CORAL GABLES FL 33134		3211 PONCE DE LEON BLVD SUITE 301 CORAL GABLES FL 33134			
			•	DO NOT WRITE IN THIS	3 SPACE
				3. Date Incorporated or Qualified	
2. Principal Pla	ace of Business	2a, Mailing Address		07/28/1997 4. FEI Number	Applied For
21]		26		65-077/659	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23 Zim	Country	28]	1	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the co	
24	9. Name and Address of Curre	29 29 Agent	30	Personal Property Tax due June 30. 10. Name and Address of New Registered	Yes No
A4U 7	FON, CECIL	on riogistored rigon.	81 Name		Agont
	1 PO NCE DE LEON BLVD SUI	TE 201			
	RAL GABLES FL 33134	15 301	82 Street	Address (P.O. Box Number is Not Acceptable)	
301	376 OLINETO 1 6 00 104		83		
			24 0		
			84 City	Fl	85 Zip Code
11. Pursuant to	othe provisions of Sections 607.05	002 and 607.1508, Florida Statute	es, the above-named	d corporation submits this statement for the purpose reporation's board of directors. I hereby accept the ap	of changing its registered
agent. I am	familiar with, and accept the obli	gations of, Section 607.0505, Flo	orida Statutes.	polation's board of directors, I hereby accept the ap	pointinent as registered
SIGNATURE _					
12.	Signature, typed or printed name of registered a	gent and the if applicable (NOT) ND DIRECTORS	E Registered Agoni s-gnatur		ID DIDECTORS IV 45
TITLE	D OFFICERS A	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AN	Change Addition
NAME	MILTON, CECIL		1.2 NAME		Change C Addition
STREET ADDRESS	3211 PONCE DE LEON BLV	D SUITE 301	1.3 STREET ADDRESS		
CITYAN-ZIP	CORAL GABLES FL 33134	D OOHL OO			
TITLE	OFFICE GABLES I E 00 104	DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST- ZIP		
TITLE		☐ DELET E	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		I
		DELET e	6.1 TITLE		☐ Change ☐ Addition
TITLE				I .	
			6.2 NAME		
TITLE		_	9.3 STREET ADDRESS		ļ
TITLE NAME STREET ADDRESS CITY-ST-ZIP		. 2.	9.3 STREET ADDRESS 6.4 CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP 14. I hereby ce indicated o	rlify that the information supplied on this annual report or supplement	tal annual report is less and ago:	6.3 STREET ADDRESS 6.4 City-St-ZiP the exemption state	ed in Section 119.07(3)(i), Florida Statutes. I further c onature shall have the same legal effect as if made us s required by Chapter 607, Florida Statutes; and that	nder ooth: that I am an I