

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

FILED
Feb 23, 1999 8:00 am
Secretary of State

02-23-1999 90052 013 ***158.75

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P97000080562**

1. Corporation Name
JVC ENVIRONMENTAL, INC.



Principal Place of Business
 2990 NW 24 STREET
 MIAMI FL 33142

Mailing Address
 2990 NW 24 STREET
 MIAMI FL 33142

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 **2401 NW 30 ave**
 Suite, Apt. #, etc.
 22
 City & State
 23 **Miami FL**
 Zip
 24 **33142** Country
 25 **US**

2a. Mailing Address
 26 **2401 NW 30 ave**
 Suite, Apt. #, etc.
 27
 City & State
 28 **Miami, FL**
 Zip
 29 **33142** Country
 30 **US**

3. Date Incorporated or Qualified
09/17/1997

4. FEI Number: **65-0790069** 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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent
HENDRICKS, ROBERT A
310 ALHAMBRA CIRCLE
CORAL GABLES FL 33134

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VERGARA, MARIO	1.2 NAME	
STREET ADDRESS	2990 NW 24 STREET	1.3 STREET ADDRESS	2401 NW 30 ave
CITY-ST-ZIP	MIAMI FL 33142	1.4 CITY-ST-ZIP	Miami, FL 33142
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COSTA, LUIS	2.2 NAME	
STREET ADDRESS	2990 NW 24 STREET	2.3 STREET ADDRESS	2401 NW 30 ave
CITY-ST-ZIP	MIAMI FL 33142	2.4 CITY-ST-ZIP	Miami, FL 33142
TITLE	D	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSTON, STEVEN W	3.2 NAME	
STREET ADDRESS	2990 NW 24 STREET	3.3 STREET ADDRESS	2401 NW 30 ave
CITY-ST-ZIP	MIAMI FL 33142	3.4 CITY-ST-ZIP	Miami, FL 33142
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
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 address, with all other like empowered.

SIGNATURE: 01-10-99 (305) 6358558
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)