

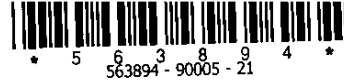
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

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May 24, 1999 8:00 am
Secretary of State

05-24-1999 90005 021 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000006332 OK✓
1. Corporation Name
 MIAMI ENVIRONMENTAL, INC.



Principal Place of Business **Mailing Address**
 6595 N.W. 36 St.; Ste C 309
 MIAMI, FLA. 33166

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 29 Zip Country		3. Date Incorporated or Qualified 4. FEI Number 65-0815524 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				10. Name and Address of New Registered Agent 81 Name MANUEL E. IGLESIAS 82 Street Address (P.O. Box Number is Not Acceptable) ONE S.E. THIRD AVENUE 83 SUITE 2255 84 City MIAMI FL 85 Zip Code 33131

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
11. TITLE PRES. SECT. DIR 12. NAME MANUEL E. IGLESIAS 13. STREET ADDRESS 12300 OLD CUTLER RD 14. CITY-ST-ZIP MIAMI FL 33156	☐ DELETE	11. TITLE V.P. DIRECTOR 12. NAME J. SCOTT BILLER 13. STREET ADDRESS 644 STANTON DRIVE 14. CITY-ST-ZIP WESTON FL 33326	☐ DELETE	11. TITLE [] Change [] Addition	12. NAME [] Change [] Addition	13. STREET ADDRESS [] Change [] Addition	14. CITY-ST-ZIP [] Change [] Addition
11. TITLE [] Change [] Addition	12. NAME [] Change [] Addition	13. STREET ADDRESS [] Change [] Addition	14. CITY-ST-ZIP [] Change [] Addition	11. TITLE [] Change [] Addition	12. NAME [] Change [] Addition	13. STREET ADDRESS [] Change [] Addition	14. CITY-ST-ZIP [] Change [] Addition
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14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE 4/28/99