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May 06, 1999 8:00 am
Secretary of State

05-06-1999 90003 025 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # P98000035889

1. Corporation Name
RB ENVIRONMENTAL SOLUTIONS INC.



Principal Place of Business
 491 HIALEAH DRIVE
 HIALEAH FL 33010

Mailing Address
 491 HIALEAH DRIVE
 HIALEAH FL 33010

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
04/20/1998

| | | | |
|--------------------------------|----|---------------------|----|
| 2. Principal Place of Business | | 2a. Mailing Address | |
| 21 | 26 | Suite, Apt. #, etc. | |
| 22 | 27 | City & State | |
| 23 | 28 | City & State | |
| 24 | 25 | 29 | 30 |
| Zip | | Country | |

| | | | |
|---|------------------------------|--|-------------------------|
| 4. FEI Number | Applied For | Applied For | Not Applicable |
| 5. Certificate of Status Desired | <input type="checkbox"/> | \$8.75 | Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> | \$5.00 | May Be Added to Fees |
| 8. This corporation owes the current year Intangible Personal Property Tax. | <input type="checkbox"/> Yes | <input checked="" type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

BARRUETA, ROLY
 491 HIALEAH DRIVE
 HIALEAH FL 33010

10. Name and Address of New Registered Agent

81 Name **BARRUETA, ROLY**
 82 Street Address (P.O. Box Number is Not Acceptable) **921 S.E. 6 PLACE**
 83
 84 City **HIALEAH** FL 85 Zip Code **33010**

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

| | | |
|----------------|-------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | BARRUETA, ROLY | |
| STREET ADDRESS | 491 HIALEAH DRIVE | |
| CITY-ST-ZIP | HIALEAH FL 33010 | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | BARRUETA, ROLANDO | |
| STREET ADDRESS | 491 HIALEAH DRIVE | |
| CITY-ST-ZIP | HIALEAH FL 33010 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | | |
|--------------------|--------------------|--|--|
| 1.1 TITLE | PD | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 1.2 NAME | BARRUETA, ROLY | | |
| 1.3 STREET ADDRESS | 921 S.E. 6 PLACE | | |
| 1.4 CITY-ST-ZIP | HIALEAH, FL. 33010 | | |
| 2.1 TITLE | VD | <input checked="" type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 2.2 NAME | BARRUETA, ROLANDO | | |
| 2.3 STREET ADDRESS | 921 S.E. 6 PLACE | | |
| 2.4 CITY-ST-ZIP | HIALEAH, FL. 33010 | | |
| 3.1 TITLE | STD | <input type="checkbox"/> Change | <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | BARRUETA, GRICEL | | |
| 3.3 STREET ADDRESS | 921 S.E. 6 PLACE | | |
| 3.4 CITY-ST-ZIP | HIALEAH, FL. 33010 | | |
| 4.1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 4.2 NAME | | | |
| 4.3 STREET ADDRESS | | | |
| 4.4 CITY-ST-ZIP | | | |
| 5.1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 5.2 NAME | | | |
| 5.3 STREET ADDRESS | | | |
| 5.4 CITY-ST-ZIP | | | |
| 6.1 TITLE | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 6.2 NAME | | | |
| 6.3 STREET ADDRESS | | | |
| 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: _____
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/25/99 301-884-0440
 Date Daytime Phone #

CR2E034 (1/198)