

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
Mar 26, 1999 8:00 am  
Secretary of State

03-26-1999 90032 046 \*\*\*150.00

DOCUMENT # P98000087991

1. Corporation Name  
T/S ENVIRONMENTAL MANAGEMENT, INC.

Principal Place of Business  
2269 S UNIVERSITY DR. STE 418  
DAVIE FL 33324

Mailing Address  
2269 S UNIVERSITY DR. STE 418  
DAVIE FL 33324



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/13/1998

4. FEI Number

65-087511

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TESCHER, HOWARD A ESQ  
ONE FINANCIAL PLAZA, SUITE 2308  
FORT LAUDERDALE FL 33394

81 Name

Howard A. Tescher, Esq.

82 Street Address (P.O. Box Number is Not Acceptable)

100 N.E. Third Avenue Suite 610

83

84 City

Fort Lauderdale

FL

85 Zip Code  
33301

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 reinstating)

DATE

2-11-99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME BADSTIBNER, PATRICK  
STREET ADDRESS 2269 S UNIVERSITY DR, STE 418  
CITY-ST-ZIP DAVIE FL 33324

1.1 TITLE D/P/S/T ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

2.1 TITLE VP ☐ Change ☒ Addition  
2.2 NAME Francisco Mota Flores  
2.3 STREET ADDRESS 3160 SE 2nd Street  
2.4 CITY-ST-ZIP Boynton Beach, FL 33435

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE VP ☐ Change ☒ Addition  
3.2 NAME Bernardo Mendoza Cortez  
3.3 STREET ADDRESS 402 SE 21 Street  
3.4 CITY-ST-ZIP Boynton Beach, FL 33345

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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

3/21/99

Date

Daytime Phone #

CR2E034 (11/98)

0316095