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PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S15353** **(3)**

1. Corporation Name

FLORIDA ENVIRONMENTAL QUALITY, INC.

Principal Place of Business	Mailing Address
~~SHAPIRO & WOLOFSKY PA~~ ~~1 NE 2ND AVE #206~~ ~~MIAMI FL 33132~~ ~~US~~	~~SHAPIRO & WOLOSKY PA~~ ~~1 NE 2ND AVE #206~~ ~~MIAMI FL 33132~~ ~~US~~

3. Date Incorporated or Qualified: **11/29/1990**
3a. Date of Last Report: **06/01/1995**

2. Principal Place of Business	2a. Mailing Address
21 3301 NW 82 AVE	26 3301 NW 82 AVE
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Miami Florida	28 City & State: Miami Florida
24 Zip: 33122 25 County: DADE	29 Zip: 33122 30 County: DADE

4. FEI Number: **65-0232788** — ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

~~SHAPIRO & WOLOFSKY PA~~
~~1 NE 2ND AVE STE 206~~
~~MIAMI FL 33132~~

10. Name and Address of New Registered Agent

81 Name: Lorella Del Pezzo

82 Street Address (P.O. Box Number is Not Acceptable): 3301 NW 82 Ave

83

84 City: Miami FL 85 Zip Code: 33122

11. Pursuant to the provisions of Section 607.1622 and 617.1905, 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 certify that the appointment as registered agent is familiar with, and accept the obligations of, Section 607.325, Florida Statutes.

SIGNATURE: Lorella Del Pezzo, President — 4/16/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES OR DELETIONS (SPECIFY CHANGE IN TYPE)	
TITLE	PSTD	☐ DELETE	1. TITLE ☐ Change ☐ Addition
NAME	NERINI DAL PEZZO, L		2. NAME
STREET ADDRESS	3301 NW 82 AVE		3. STREET ADDRESS
CITY-ST-ZIP	MIAMI FL 33122		4. CITY-ST-ZIP
TITLE		☐ DELETE	5. TITLE ☐ Change ☐ Addition
NAME			6. NAME
STREET ADDRESS			7. STREET ADDRESS
CITY-ST-ZIP			8. CITY-ST-ZIP
TITLE		☐ DELETE	9. TITLE ☐ Change ☐ Addition
NAME			10. NAME
STREET ADDRESS			11. STREET ADDRESS
CITY-ST-ZIP			12. CITY-ST-ZIP
TITLE		☐ DELETE	13. TITLE ☐ Change ☐ Addition
NAME			14. NAME
STREET ADDRESS			15. STREET ADDRESS
CITY-ST-ZIP			16. CITY-ST-ZIP
TITLE		☐ DELETE	17. TITLE ☐ Change ☐ Addition
NAME			18. NAME
STREET ADDRESS			19. STREET ADDRESS
CITY-ST-ZIP			20. CITY-ST-ZIP

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14. I do hereby certify that the information supplied with this filing is true, accurate and complete. I further certify that the information indicated on this report or supplemental 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 above, or on an attachment with an address.

SIGNATURE: Lorella Del Pezzo — 4/16/96 (305)-577-1148

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

CR2E034 (12/95)