

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 10:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S22888

(9)

1. Corporation Name

DADE RECYCLING SERVICES, INC.

Principal Place of Business

13190 NW 107TH AVENUE
#2
MALEAH FL 33016
US

Mailing Address

13190 NW 107TH AVENUE
#2
MALEAH FL 33016
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/07/1991

3a. Date of Last Report

04/14/1994

4. FEI Number

65-0252349

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

6. This corporation has liability for interjurisdictional tax under S. 189.032,
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

15490 NW 97 Ave

MIAMI, FL 33016

33016 Dade

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DE AGUERO, FERNANDO B.
400 SW 107 AVE
SUITE 902
MIAMI FL 33174

ANTONIO GONZALEZ, ESQ.
8979 N.W. 152 LANE
MIAMI, FL. 33016

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

Antonio Gonzalez
Signature (typed or printed name of registered agent or officer of the corporation)

ANTONIO GONZALEZ

(NOTE: Registered Agent signature required when resigning)

4-29-95

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	MONTEAGUDO, MARGARITA
STREET ADDRESS	13655 SW 34 ST
CITY - ST - ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	JESUS MONTEAGUDO	☐ Change ☒ Addition
1.2 NAME	15490 N.W. 97 AVE.	PRES.
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP	MIAMI, FL. 33016	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that this 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.

SIGNATURE

Margarita Monteagudo
Signature and Type (Printed Name) of Signing Officer or Director

Margarita Monteagudo

Date

12/19/95