

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S 69182

1. Corporation Name

Plastics Recycling Center, Inc.

Principal Place of Business

Mailing Address

15490 NW 97 Ave
Miami FL 33016

15490 NW 97 Ave
Miami FL 33016

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

3. Date Incorporated or Qualified

3a. Date of Last Report

June 12, 1991

4. FEI Number

65-0343352

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

10. Name and Address of New Registered Agent

81 Name

Jesus Montecagudo

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

83

15490 NW 97 Ave

84 City

Miami, FL

FL

85 Zip Code

33016

11. Pursuant to the provisions of Sections 607.007 and 607.1503, 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 obligation of, Section 607.005, Florida Statutes.

SIGNATURE

Signature typed or printed below signature (do not type name)

Signature typed or printed below signature (do not type name)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME Jesus Montecagudo
STREET ADDRESS 15490 NW 97 Ave
CITY-ST-ZIP Miami, FL 33016

TITLE ☐ DELETE

NAME Carlos Almerda Jr.
STREET ADDRESS 15490 NW 97 Ave
CITY-ST-ZIP Miami, FL 33016

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

71 TITLE

72 NAME

73 STREET ADDRESS

74 CITY-ST-ZIP

81 TITLE

82 NAME

83 STREET ADDRESS

84 CITY-ST-ZIP

91 TITLE

92 NAME

93 STREET ADDRESS

94 CITY-ST-ZIP

600001890236
-07/11/96--01009--003
***225.00

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 119.07(3)(k), Florida Statutes. I do hereby 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

Jesus Montecagudo - Director
5-8-96 (305) 826-0707

CR2E034 (12/95)