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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # \$94368

1. Corporation		ENT INO				
UNDER	ground tanks managem	ENI, INC.				
<u> </u>	The state of the s		·			
,	ce of Business () ()	Mailing Address				•.•
19842 NW 64T	H PL	19842 NW 64TH PL				
MIAMI, FL 3301		MIAMI FL 33015		DO NOT WRIT	E IN THIS SPACE	
	· , · '			3. Date Incorporated or Qualifed	E NA TYNO OF AGE	
1 224. 1.	*			11/15/1991		
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	I TAI	oplied For
21		26	-	65-0299074	 -	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			\$8.75	Additional
22		27		5. Certifcate of Status Desired		equired
City & Sta	te	City & State		6. Election Campaign Financing	\$5.00	May Be
23		28		Trust Fund Contribution		to Fees
Zip	Country	Zip	Country	8. This corporation owes the curre	ant year Intangible	
24	25	29	30	Personal Property Tax.	Yes	□No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New R	egistered Agent	
DA.	TACL MOUNTED		81 Name			
BALTAGI, MOHAMAD			82 Street Add	ress (P.O. Box Number is Not Acceptat	hle)	
19042 INV 04111 FL			ou corrad	1005 (F.O. DOX HAMBO) 15 HOT NOOPHA		
MIA	MI FL 33015		83			
			84 City	15 y 3 4 5	05 7:0	Code
100 0 1 1 1 1 1 1			84 City		FL 85 Zip	Code
11. Pursuant	to the provisions of Sections 607.0502 registered agent, or both, in the State o	and 607.1508, Florida Statute	es, the above-named corp	poration submits this statement for the p	ourpose of changing its	registered
	registered agent, or both, in the State o	if Florida. Such charing was at			t tha annaintmant an co	
agent. La	am familiar with, and accept the obligation	ons of, Section 607,0505, Flor	ida Statutes.	on's board of directors, I hereby accept	t the appointment as te	gistered
agent. I a	am familiar with, and accept the obligation	ons of, Section 607.0505, Flor	ida Statutes.	on s board of directors, I nereby accept	t the appointment as te	gistered
agent. 1 a	am familiar with, and accept the obligation	ons of, Section 607.0505, Flor	Registered Agent signature require		DATE DATE	egistered
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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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

WIGH OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR THAT BAGAGE

AGRAZ 01/04/90 6

FILED

Jan 21, 1999 8:00am

Secretary of State 01-21-1999 90054 031 ***150.00

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