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Feb 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # V32242 (2)

1. Corporation Name
ENVIRONMENTAL SITE ASSESSMENTS, INC.



Principal Place of Business
990 PONCE DE LEON BLVD.
SUITE 510
CORAL GABLES FL 33134

Mailing Address
890 PONCE DE LEON BLVD.
SUITE 510
CORAL GABLES FL 33134-3037

3. Date Incorporated or Qualified 04/27/1992 3a. Date of Last Report 04/24/1996

2. Principal Place of Business 21 8390 NW 53rd Street 2a. Mailing Address 26 8390 NW 53rd Street

Suite, Apt. #, etc. 22 Suite 200 27 Suite 200

City & State 23 Miami, FL 28 Miami, FL

Zip 24 33166 Country 25 U.S. 29 33166 30 U.S.

4. FEI Number 65-0331094 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

FLORIDA REGISTERED AGENTS
100 SOUTHEAST 2ND ST
#9800
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name ~~XXXXXX~~ Rafael A. Barba
82 Street Address (P.O. Box Number is Not Acceptable) 8390 NW 53rd Street
83 Suite 200
84 City Miami FL 85 Zip Code 33166

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 *Rafael A. Barba* 1/15/97
Signature, typed or printed name of registered agent and the date (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	1. LANNES, ROMAN M.	<input checked="" type="checkbox"/> DELETE
NAME	25 S.E. 2ND AVE. #730	
STREET ADDRESS	MIAMI FL	
CITY - ST - ZIP		
TITLE	2. CEO	<input type="checkbox"/> DELETE
NAME	3. RAFAEL, BARBA B	
STREET ADDRESS	890 PONCE DE LEON SUITE 510	
CITY - ST - ZIP	CORAL GABLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	P. CEO, D
2.3 STREET ADDRESS	B. RAFAEL BARBA
2.4 CITY - ST - ZIP	890 NW 53rd Street, Suite 200 Miami, FL 33166
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

SIGNATURE *B. Rafael Barba* - B. Rafael Barba 1/16/97
Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)