

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 # **V32627** (4)  
1. Corporation Name  
**RECLAMATION BIOTECH SERVICES, INC.**



Principal Place of Business

Mailing Address

~~701 US-1~~  
~~100-~~  
~~10 PALM BCH. FL 33460~~  
~~US~~

% KENDALL TOYOTA  
10943 S DIXIE HWY  
MIAMI FL 33156

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified  
**04/29/1992**

3a. Date of Last Report  
**04/21/1995**

4. FEI Number

**65-0340144**

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

HARTER, ROBERT F.  
% KENDALL TOYOTA  
10943 S DIXIE HWY  
MIAMI FL 33156

10. Name and Address of New Registered Agent

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 607.01(3)(2) 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

Signature, type or print name of registered agent, if not a natural person

Signature, type or print name of registered agent, if not a natural person

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **BEAN, GERALD**  
CITY-STATE-ZIP **10943 S. DIXIE HWY**  
**MIAMI FL 33156**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME **PD**  
STREET ADDRESS **SPIRITIS, GLEN**  
CITY-STATE-ZIP **617-B OCEANFRONT**  
**LONG BEACH NY 11516**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME **D**  
STREET ADDRESS **BERNSTEIN, BRUCE**  
CITY-STATE-ZIP **617-B OCEANFRONT**  
**LONG BEACH NY 11516**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME **SCEO**  
STREET ADDRESS **HARTER, ROBERT**  
CITY-STATE-ZIP **10943 S. DIXIE HWY**  
**MIAMI FL 33156**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-STATE-ZIP

TITLE ☒ DELETE  
NAME **V**  
STREET ADDRESS **DUQUESNE, JORGE**  
CITY-STATE-ZIP **815 N.W. 57 AVENUE**  
**MIAMI FL 33126**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-STATE-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-STATE-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 119.07(3)(k), 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:

*Robert F. Harter*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERT F. HARTER

Sec/CEO

(305) 645-6581

Date

Day/Month/Year

CR2E034 (12/95)