## 5-60-97 5-60-97 FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

**PROFIT CORPORATION ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V45730

(1)

1992 ECOL-CHEM, INC.

NAME

STREET ADDRESS

1
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(305)

Principal Place of Business 901 174ST 8417		Mailing Address PO BOX 612246 N MIAMI FL 33261-2246 US	:			
Miami Fl 3310   US	<b>30</b>	03			3. Date incorporated or Qualified 06/24/1992	3a. Date of Last Report 08/07/1996
2. Principal P	lace of Business	2a. Mailing Address 26	:		4. FEI Number 65-0339350	Applied For  Not Applicable
Sulte, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & Stat		City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30			Yes No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Re	gistered Agent
	LDBERG, LOUIS		81	Name		
301 #24	- 174 ST.		82	Street Addr	ess (P.O. Box Number is Not Acceptab	le)
	MI BCH. FL 33160		83			
			84	City		FL 85 Zip Code
SIGNATURE	Signature, typod or printed name of registered ag	ent and little if applicable. (N	OTE. Registered Agent			DATE
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	
TITLE	VPTS	☐ DELETE	1.1 1014			Change Addition
NAME	GOLDBERG, LOUIS 301-174TH ST, #2417		1.2 NAME			
STREET ADDRESS	MIAMI BCH. FL		1.3 STREET AT	l l		
CITY-ST-ZIP	D DOTT. TE	DELETE	1.4 CITY-ST-	ZIP		Change Addition
NAME	STUDEN, SIDNEY D	otta	2.2 NAME	1		La violige La violition
STREET ADDRESS	301-174 ST #1910		2.3 STREET AC	DRESS		
CITY-ST-ZIP	MIAMI BOH FL	•	2 4 CITY-ST-			
TITLE		DELFTE	3.1 TITLE			Change Addition
NAME			3.2 NAME	l		
STREET ADDRESS			3.3 STREET AL	DORESS		
CITY-ST-ZIP			3.4   CITY - ST-	ZIP		
TITLE		☐ DELFTE	4.1 TILE			Change Addition
Name			4. 2 NAME	1		
STREET ADDRESS			4.3 BTREET AL	DORESS		
CITY-ST-ZIP		The section	4.4 DHY- ST-	7IP		
TITLE		☐ DELETE	5.1 ITTLE			☐ Change ☐ Add/tion
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET AD	1		
CITY-ST-ZIP TITLE		DELETE	5.4 CITY-ST- 6.1 TITLE	ZIP		Change Addition

6.2 NAME

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 frue 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 distact 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 attact nept with an address.

6.3 STREET ADDRESS