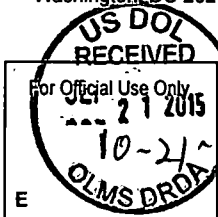


# FORM LM-20 AGREEMENT AND ACTIVITIES REPORT

Form approved  
Office of Management  
and Budget  
No. 1245-0003  
Expires 08-31-2016



This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C. 439 or 440. Required of persons, including Labor Relations Consultants and Other Individuals and Organizations, Under Section 203(b) of the Labor-Management Reporting and Disclosure Act of 1959, as amended. (LMRDA)

600242

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

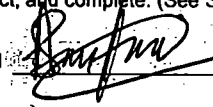
1. File Number: c- 65880

|   |  |
|---|--|
| <b>Person Filing</b>                            |  |
| 2. Name and mailing address (include ZIP Code): |  |
| Name Amed D Santana                             | 3. Any other address where records necessary to verify this report are kept:   |
| Title President                                 | Name   |
| Organization Santana International, Inc         | Title  |
| P.O. Box, Bldg., Room No., if any               | Organization   |
| Street 1810 George Dieter Dr                    | P.O. Box, Bldg., Room No., if any  |
| City El Paso                                    | Street   |
| State Texas                                     | City   |
| ZIP Code + 4 79912                              | State  |
| ZIP Code + 4                                    | ZIP Code + 4   |
| 4. Date fiscal year ends:                       | 5. Type of person:   |
| Dec / 13  | a. <input type="checkbox"/> Individual b. <input type="checkbox"/> Partnership c. <input checked="" type="checkbox"/> Corporation d. <input type="checkbox"/> Other (Specify): |

|   |   |
|---|---|
| <b>Nature of Agreement or Arrangement</b>                               |   |
| 6. Full name and address of employer with whom made (include ZIP Code): |   |
| Name John Cali Jr.  | 7. Date entered into: 9 / 9 / 2013      |
| Organization Cali Carting   | 8. Name of person(s) through whom made: |
| Trade Name, if any  | Name                                    |
| P.O. Box, Bldg., Room No., if any                                       | Name                                    |
| Street 450 Bergen Ave   | Name                                    |
| City Kearny   | Name                                    |
| State New Jersey  | Name                                    |
| ZIP Code + 4 07032  |   |

## Signatures

Each of the undersigned declares, under penalty of perjury and other applicable penalties of law, that all of the information submitted in this report (including the information contained in any accompanying documents) has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See Section VII on penalties in the instructions.)

13. Signed  President  
(If other title, see instructions)  
Title President

14. Signed \_\_\_\_\_ Treasurer  
(If other title, see instructions)  
Title Treasurer

On 10/13/2015 915-215-3725  
Date Telephone Number

On \_\_\_\_\_  
Date Telephone Number

