## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

101

1. Corporation I		s (U)				
F AND	A JANITORIAL SERVICES, I	NC.			AND AND IN RESERVABLE CONTRACTOR AND A 1884 STATE AND A	
Principal Place of Business		Mailing Address		C PORTONIN AND LANGE TOWN COLUMN THEORY	INII AIBIT BIBIT BIBIT BIBIT GEBIT BIBIT 1981	
9441 SW 40 ST: MIAMI FL 32155		- 8441 9W 40 ST.				
		MIAMI FL 22155				
US		US		3. Date Incorporated or Qualified	3a. Date of Last Report	
				04/21/1989	06/27/1995	
2. Principal Plac	ce of Business	2a. Mailing Address	Russ Da	4, FEI Number	Applied For Not Applicable	
21 9090		26 9090 NW 5	River Dr		\$8.75 Additional	
Suite, Apt. #	, etc., 4/3	27] #13	}	5. Certificate of Status Desired	Fee Required	
City & State		_ L		6. Election Campaign Financing	\$5.00 May Be	
23 M1	Ami T	City & Stale 28 MIAMI	F	Trust Fund Contribution	Added to Fees	
Zip 33/6	Country	ZIP 2 3166	Country	8. This corporation has liability for in		
24 00/		29	30	Florida Statutes Yes  10. Name and Address of New Re		
	g. Name and Address of Current	Hegistered Agent	81 Name	10. Name Bild Address of New H	egistered Agent	
			82 Street Ac			
			В3			
MIAMIE	L 33144				85 Zip Code	
			84 City		FL 85 Zip Code	
familiar witi SIGNATURE.	ad agent, or both, in the state of nemero, n, and accept the obligations of, Scotic Signature typed or perifect or the accept of NECERS AND	on 697,0605 Florida Statutes	Registers Aprel separt series	oard of directors. I hereby accept the appointment of the directors of the appointment of the directors of the appointment of	DATE	
12.		DIRECTORS	1 1 11:LE	ADDITIONS/GITANGES TO OFF	Change Addition	
NAME	D VALDES, FERNANDO		1.2 NAME			
STREET ADDRESS	19823 NW 64 PL		1.3 STREET ADDRESS			
CITY-SI-ZIP	MIAMI FL		1.4 C(TY - ST - 2)P			
TITLE	D	☐ DELETE	2 1 THILE		Change Addition	
NAME	VALDES, ANA		2.2 NAME		ì	
STREET ADDRESS	19823 NW 64 PL		2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL	Falsette	2 4 C·TY - ST - ZIP	<u></u>	Change Addition	
TITLE		DELETE	3 1 ]II(f		C change C voortion	
NAME CYDECT ADDRESS			3.2 NAME 3.3 STREET ADDRESS			
STREET ADDRESS			3.4 City - SF-2iF			
CITY - ST - ZIP TITLE		☐ DELETE	4 1 TILE		Change Addition	
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS		•	
CITY-ST-ZIP	N. 247		4.4 (*1Y - S1 - ZIF*		P. C. P. L. C.	
TITLE	☐ DELETE		5 1 TI*LE		Change Addition	
NAME			5.2 NAME			
STREET ADORESS			5.3 STREET ADDRESS			
CITY-ST-ZIF		DELETE	5 4 CITY - \$1 - ZIP 6 1 TILLE	50000178	Addition	
TATLE			6 2 NAME	-04/17/96010	052015 7V	
NAME STREET ADDRESS			6.3 STREET ADDRESS	***200.00	ノルリ	
CHTY - ST - ZIP			6.4 C:TY-ST-Z:P		, , ,	

14. Ido hereby certify that the information supplied with this fling is voluntarily furnished addes not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this armual 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 13 if changed, or on an attachment with an address.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

×305- 628-/300

CR2E034 (12/95)