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Mar 19 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 # P92000011993 (2)

1. Corporation Name
BETTER JANITORIAL SERVICES, INC.



Principal Place of Business: **3370 SW 107 AVE MIAMI FL 33165**
 Mailing Address: **3370 SW 107 AVE MIAMI FL 33165-3608**

3. Date Incorporated or Qualified: **12/15/1992**
 3a. Date of Last Report: **04/18/1996**
 4. FEI Number: **65-0377378**
 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

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country 25
 2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent
HERNANDEZ, JESUS
3370 SW 107 AVE
MIAMI FL 33165

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 607.0602 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 and am familiar with and accept the obligations of Section 607.0605, Florida Statutes.

SIGNATURE: _____ DATE: _____
 (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME	PT HERNANDEZ, JESUS	13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 STREET ADDRESS	3370 SW 107 AVE	13.2 NAME	
12.3 CITY-STATE-ZIP	MIAMI FL 33165	13.3 STREET ADDRESS	
12.4 TITLE	SV	13.4 CITY-STATE-ZIP	
12.5 NAME	HERNANDEZ, MERCEDES	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 STREET ADDRESS	3370 SW 107 AVE	2.2 NAME	
12.7 CITY-STATE-ZIP	MIAMI FL 33165	2.3 STREET ADDRESS	
12.8 TITLE		2.4 CITY-STATE-ZIP	
12.9 NAME		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.10 STREET ADDRESS		3.2 NAME	
12.11 CITY-STATE-ZIP		3.3 STREET ADDRESS	
12.12 TITLE		3.4 CITY-STATE-ZIP	
12.13 NAME		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.14 STREET ADDRESS		4.2 NAME	
12.15 CITY-STATE-ZIP		4.3 STREET ADDRESS	
12.16 TITLE		4.4 CITY-STATE-ZIP	
12.17 NAME		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.18 STREET ADDRESS		5.2 NAME	
12.19 CITY-STATE-ZIP		5.3 STREET ADDRESS	
12.20 TITLE		5.4 CITY-STATE-ZIP	
12.21 NAME		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.22 STREET ADDRESS		6.2 NAME	
12.23 CITY-STATE-ZIP		6.3 STREET ADDRESS	
12.24 TITLE		6.4 CITY-STATE-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 included 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: *X Jesus Hernandez* **JESUS HERNANDEZ** 3/15/97 (305) 554-5202
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dying: Phone #

CR2E034 (9/96)