


**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**May 05 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000078195 (0)**  
 1. Corporation Name  
**IBS CLEANING SERVICE, INC.**



Principal Place of Business <b>3600 SOUTH STATE ROAD 7 STE 242 MIRAMAR FL 33023</b>	Mailing Address <b>POST OFFICE BOX 695178 MIAMI FL 33269-2178</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>09/19/1996</b>	3a. Date of Last Report
21 <b>971 NW 200 Terr</b>	26	Suite, Apt. #, etc.		4. FEI Number <b>65-0696663</b>	Applied For Not Applicable
22	27	Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23 <b>Miami FL</b>	28	City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24 <b>33169</b>	25	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**GAYLE, ZILDA  
3600 SOUTH STATE ROAD 7 STE 242  
MIRAMAR FL 33023**

**10. Name and Address of New Registered Agent**

81 Name <b>Zilda Gayle</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>971 NW 200 Terr</b>
83
84 City <b>Miami</b>
85 Zip Code <b>FL 33169</b>

11. Pursuant to the provisions of Sections 607.0502 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>P/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>GAYLE, ZILDA</b>		1.2 NAME	
STREET ADDRESS <b>971 NORTHWEST 200TH TERRACE</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>MIAMI FL 33169</b>		1.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	2.1 TITLE <b>S/T/D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>MCNISH, PAMELA</b>		2.2 NAME	
STREET ADDRESS <b>3900 SOUTHWEST 52ND AVE. STE 802</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>PEMBROKE PARK FL</b>		2.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	3.1 TITLE <b>T/D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MALCOLM, KINGSLEY</b>		3.2 NAME	
STREET ADDRESS <b>3900 NORTHWEST 52ND AVE. STE 802</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>PEMBROKE PARK FL</b>		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-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 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:** \_\_\_\_\_ **1-8-97**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)