

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

**FILED**  
**May 01 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 # P97000000795 (9)**

1. Corporation Name  
**V.I.P. JANITORIAL SERVICES, INC.**



Principal Place of Business  
**7400 MAIMI LAKES DR #D305  
 MAIMI LAKES FL 33014**

Mailing Address  
**7400 MAIMI LAKES DR #D305  
 MAIMI LAKES FL 33014-6829**

3. Date Incorporated or Qualified  
**12/30/1996**      3a. Date of Last Report

2. Principal Place of Business      2a. Mailing Address      4. FEI Number       Applied For  
 21      26       Not Applicable

22. Suite, Apt. #, etc.      27. Suite, Apt. #, etc.      5. Certificate of Status Desired       **\$8.75 Additional Fee Required**

23. City & State      28. City & State      6. Election Campaign Financing Trust Fund Contribution       **\$5.00 May Be Added to Fees**

24. Zip      25. Country      29. Zip      30. Country      6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes       Yes       No

9. Name and Address of Current Registered Agent      10. Name and Address of New Registered Agent

**JORGE M. ABRIL, P.A.  
 2801 PONCE DE LEON BLVD  
 SUITE 470  
 CORAL GABLES FL 33134**

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 607.0502 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      Signature, typed or printed name of registered agent and title if applicable      (NOTE: Registered Agent signature required when reinstating)      DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D SALAZAR, HENRY A</b>	1.2 NAME	
STREET ADDRESS	<b>7400 MAIMI LAKES DR #D305</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MAIMI LAKES FL 33014</b>	1.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D SALAZAR, MAYERLINE</b>	2.2 NAME	<b>ARIAS Mayerline</b>
STREET ADDRESS	<b>7400 MAIMI LAKES DR #D305</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MAIMI LAKES FL 33014</b>	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D SALAZAR, HENRY</b>	3.2 NAME	
STREET ADDRESS	<b>7400 MAIMI LAKES DR #D305</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>MAIMI LAKES FL 33014</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	<b>800002163848</b>
STREET ADDRESS		6.3 STREET ADDRESS	<b>-05/02/97--01102--003</b>
CITY - ST - ZIP		6.4 CITY - ST - ZIP	<b>***165.00</b>

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 supplementary 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 a fee-giver 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 added in accordance with an address.

**SIGNATURE:**

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date      Daytime Phone # **0001540**

CR2E034 (9/96)

*RHW  
5-1-97*