FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 11:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F21637** **(6)**

1. Corporation Name
TORO JANITORIAL SERVICE, INC.

Principal Place of Business	Mailing Address
16150 NE 12TH AVE N. MIAMI BEACH FL 33162	16150 NE 12TH AVE N. MIAMI BEACH FL 33162

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/02/1981
3a. Date of Last Report: 04/20/1994

2. Principal Place of Business	2a. Mailing Address
21 9110 PALOMINO DR.	26 9110 PALOMINO DR.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: LAKE WORTH FL	28 City & State: LAKE WORTH FL
24 Zip: 33467 25 Country	29 Zip: 33467 30 Country

4. FEI Number: 59-2150596 ☐ 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 § 199.032 Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

TORO, JAIME
16150 NE 12TH AVE
N. MIAMI BEACH FL 33162

10. Name and Address of New Registered Agent

81 Name: TORO JAIME
82 Street Address (P.O. Box Number is Not Acceptable): 9110 PALOMINO DRIVE
83
84 City: LAKE WORTH FL 85 Zip Code: 33467

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	PD	1.1 TITLE	P.D.	☑ Change ☐ Addition
NAME	TORO, JAIME	1.2 NAME	TORO JAIME	
STREET ADDRESS	16150 NE 12TH AVE	1.3 STREET ADDRESS	9110 PALOMINO DRIVE	
CITY-ST-ZIP	N MIAMI BEACH FL	1.4 CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE	VD	2.1 TITLE	V.D.	☑ Change ☐ Addition
NAME	TORO, MAGDA L	2.2 NAME	TORO MAGDA L.	
STREET ADDRESS	16150 NE 12TH AVE	2.3 STREET ADDRESS	9110 PALOMINO DRIVE	
CITY-ST-ZIP	N MIAMI BEACH FL	2.4 CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ 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 is voluntarily furnished and 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: Jaime Toro 4-17-95 (407) 433-8349
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0178469 CP