

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F24972** (4)
1. Corporation Name
DEPENDABLE JANITORIAL SERVICE, INC.



Principal Place of Business: **14737 S.W. 104 TERRACE MIAMI FL 33196**
Mailing Address: **14737 S.W. 104 TERRACE MIAMI FL 33196**

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

| | |
|---|--|
| 3. Date Incorporated or Qualified | 3a. Date of Last Report |
| 04/20/1981 | 04/19/1995 |
| 4. FEI Number | Applied For |
| 59-2086908 | Not Applicable |
| 5. Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 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

**BALLINA, BERNARDO
85 GRAND CANAL DRIVE, STE 202
MIAMI FL 33144**

| | | | | | |
|---------|---|----|---------|----|-------------|
| 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 607.02(7) and 607.15(8), 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. Thereby, accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.02(5), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|------------------|---------------------------------|
| TITLE | DS | <input type="checkbox"/> DELETE |
| NAME | LOPEZ, YOLANDA | |
| STREET ADDRESS | 14737 SW 104 TER | |
| CITY-STATE-ZIP | MIAMI, FL 00000 | |
| TITLE | DP | <input type="checkbox"/> DELETE |
| NAME | LOPEZ, JOSE | |
| STREET ADDRESS | 14737 SW 104 TER | |
| CITY-STATE-ZIP | MIAMI, FL 00000 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-STATE-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|-------------------|---|
| 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | |
| 13 STREET ADDRESS | |
| 14 CITY-STATE-ZIP | |
| 15 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 16 NAME | |
| 17 STREET ADDRESS | |
| 18 CITY-STATE-ZIP | |
| 19 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 20 NAME | |
| 21 STREET ADDRESS | |
| 22 CITY-STATE-ZIP | |
| 23 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 24 NAME | |
| 25 STREET ADDRESS | |
| 26 CITY-STATE-ZIP | |
| 27 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 28 NAME | |
| 29 STREET ADDRESS | |
| 30 CITY-STATE-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption state in Section 119.04(3)(a), 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 the receiver or trustee empowered to prepare 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: *Jose Lopez* **JOSE LOPEZ**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-26-96 305-385-4534

CR2E034 (12/95)