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

**PROFIT** CORPORATION ANNUAL REPORT

1999

DOCUMENT # HOOMOO



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## Mar 04, 1999 8:00 am Secretary of State

03-04-1999 90255 044 \*\*\*150.00

1. Corporation	ARTS & MAINTENANCE, IN					
Principal Place	e of Business	Mailing Address				
% RAMON FERNANDEZ 7341 NW 79TH TERR MEDLEY FL 33166		% RAMON FERNANDEZ 7341 NW 79TH TERR MEDLEY FL 33166			DO NOT WRITE IN THIS SPACE  3. Date incorporated or Qualifed	
					12/13/1985	
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number Applied For	
21		26			59-2677337 Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired   \$8.75 Additional Fee Required	
City & State	e	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
23 Zip	Country	Zip	Countr	у	8. This corporation owes the current year Intangible	
24 25		29 30			Tersonal Troporty Tax:	
	9. Name and Address of Curre	nt Registered Agent		I Name	10. Name and Address of New Registered Agent	
FERNANDEZ, RAMON 740 E. 46TH ST HIALEAH FL 33014				81 Name 82 Street Address (P.O. Box Number is Not Acceptable)		
			83			
			84	1 City	FL 85 Zip Code	
office or 6	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was aut	nonzed b	v the com	ed corporation submits this statement for the purpose of changing its registered rporation's board of directors. I hereby accept the appointment as registered	
SIGNATURE	Signature, typed or printed name of registered age	at and title if anything (AIOTE, E	Pagistared Age	entennia ten	re required when reinstating) DATE	
40		ND DIRECTORS	13.	en signature i	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.	PD	DELETE	1.1 TITLE		☐ Change ☐ Addit	
NAME	FERNANDEZ, RAMON	<u></u>	1.2 NAME			
	740 E. 46TH ST			ET ADDRESS	,	
STREET ADDRESS	HIALEAH FL		1.4 CITY-		~	
CITY-ST-ZIP	STD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addit	
NAME	FERNANDEZ, JOSE		2.2 NAME			
STREET ADDRESS	740 E. 46TH ST			ET ADDRESS	55	
CITY-ST-ZIP	HIALEAH FL		2.4 CITY-			
TITLE	TIMEENTIC	☐ DELETE	3.1 TITLE		. Change Addit	
NAME			3.2 NAME			
STREET ADDRESS				ET ADDRESS	ss	
CITY-ST-ZIP			3.4, CITY-		·	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addit	
NAME			4. 2 NAM			
STREET ADDRESS				Et address	ss	
CITY-ST-ZIP			4.4 CITY-			
TITLE		☐ DELETE	5.1 TITLE		- Change Addit	

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I 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 on an attachment with an address, with all other like empowered.

5.2 NAME

6.1 TITLE

6.2 NAME

53 STREET ADDRESS

6.3 STREET ADDRESS

5,4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

DELETE

☐ Change

☐ Addition