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

PROFIT CORPORATION ANNUAL REPORT

1999⁻¹



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90189 032 ***150.00

DOCUMENT # K06543

1. Corporation Name

METRO LAWN AND LANDSCAPE MAINTENANCE, INC.

Principal Place of Business C/O RONALD CARABALLO 18694 SW 105 PLACE MIAMI FL 33157 Mailing Address

C/O RONALD CARABALLO 11460 SW 200 STREET MIAMI FL 33157



MIAMI FL 33157	FL 33157 MIAMI FL 33157				DO NOT WRITE IN THIS SPACE			
US					3. Date Incorporated or Qualifed 12/11/1987			
	C. M. W. Address				4. FEI Number			
21 1869	ace of Business 4 SW 105 Place 26 18694 SU	U 165	5 Plac	e	65-0014173			oplied For ot Applicable
Suite, Apt.					5. Certifcate of Status Desired			Additional equired
City & State	mi Florida 28 Miami	Flo	. da	· - -	Election Campaign Financing Trust Fund Contribution	•		May Be to Fees
Zip	Country Zip	Cou	<u>''</u>		8. This corporation owes the curre	nt year Inta	ngible	
24 <i>3315</i>		30	vade	•	Personal Property Tax.		Yes	□No
9. Name and Address of Current Registered Agent					10. Name and Address of New Re	gistered A	<u>igent</u>	
CARABALLO, ROBERT C)				
14755 SW 154TH CT				t Addres	ss (P.O. Box Number is Not Acceptab	ole)		
MIAMI EL 22106								
***************************************			83					
	•		84 City	* "		FL	85 Zip (Code
11 Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutes, the above-pared 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 board of directors. I hereby accept the appointment as registered agent. I am/amiliar with, and accept the obligations of, Section 607.0508, Florida Statutes								
SIGNATURE NODERT C. CARABAID UD 4-8-99								
SIGNATURE		OTE: Registered	Agent signature	required v	when reinstating)	DATE	<u>-</u>	
12.	OFFICERS AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFF	ICERS AN		
TITLE	PD DELETE	1.1 Τ	le .				Change	☐ Addition
NAME	CARABALLO, RONALD	1.2 N	ME					
STREET ADDRESS	11460 SW 200 ST.	1.3 \$7	REET ADDRESS	3				}
CITY-ST-ZIP	MIAMI FL 33157	1,4 CI	ry-st-zip		<u> </u>			
TILE	VD DELETE	2.1 TI	LE				Change	☐ Addition
NAME			MÉ	1				}
STREET ADDRESS	14755 SW 154 CT	2.3 \$1	REET ADDRESS	3				ļ
CITY-\$T-ZIP	MIAMI FL 33196	2.4 C	TY-ST-ZIP					
Τ̈́Ш.Ε	ST DELETE	3.1 TI	Œ				Change	Addition
NAME	CARABALLO, RONALD C	3.2 N	ME	' '	,		•	``
STREET ADDRESS	14480SW 162 ST	3.3 \$7	REET ADDRESS	3				
CITY-ST-ZIP	MIAMI FL 33177	3.4. C	TY-ST-ZIP					
TITLE	☐ DELETE	4.1 रा	l.E				☐ Change	Addition
NAME		4. 2 N	ME					ļ
STREET ADDRESS		4.3 ST	REET ADDRESS	3				
CITY-ST-ZIP		4.4 CI	Y-ST-ZIP	ļ				
TITLÉ	☐ DELETE	5.1 TT					☐ Change	Addition
NAME	•	5.2 N						
STREET ADDRESS		. I	REET ADDRESS	\$				Í
CITY-ST-ZIP			ry-st-zip					
TITLE	☐ DELETE	6.1 TI					☐ Change	☐ Addition
NAME		6.2 N						Ì
STREET ADDRESS			REET ADDRESS	3				
		64.01	Y-ST-7IP	1				

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, or on an attaction that with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-899

305-251-3867

Daytime Phone #