

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

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AND
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95 MAY -1 PM 5:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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***200.00 ***200.00

DO NOT WRITE IN THIS SPACE

CORPORATION ANNUAL REPORT
1994 1995

FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1. Corporation Name
ESPERON JANITOR SERVICES, INC.

DOCUMENT #
K19028 (5)

Mailing Address
**310 NW 135TH AVE
MIAMI FL 33182**

Principal Place of Business
**310 NW 135TH AVE
MIAMI FL 33182**

If above addresses are incorrect in any way, line through incorrect information and enter correction below

2. Mailing Address
21

2a. Principal Place of Business
26 **Same**

22 Suite, Apt. #, etc.
27

23 City & State
28

24 Zip Country
29

3. Date Incorporated or Qualified
03/24/1993

3a. Date of Last Report
03/22/1993

4. FEI Number
65-0040907

5. Certificate of Status Desired
\$8.75

6. Election Campaign Financing Trust Fund Contribution
\$5.00 May Be Added to Fees

7. Nonprofit Exempt from \$138.75 Supplemental Fee

8. This corporation has liability for intangible tax under § 199.032, Florida Statutes

9. Name and Address of Current Registered Agent
**ESPERON, JULIO O.
310 NW 135TH AVE
MIAMI FL 33182**

10. Name and Address of New Registered Agent

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 or Sections 617.0502 and 617.1506, 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 or 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
(NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS	
1.1 TITLE	P/D
1.2 NAME	ESPERON, JULIO O.
1.3 STREET ADDRESS	310 NW 135TH AVE
1.4 CITY - ST - ZIP	MIAMI FL
2.1 TITLE	S/T/D
2.2 NAME	ESPERON, MARTA
2.3 STREET ADDRESS	310 NW 135TH AVE
2.4 CITY - ST - ZIP	MIAMI FL
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

13. CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	
2.2 NAME	<i>Marta Esperon</i>
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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J.O. Esperon

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)(b), Florida Statutes. I release the Division of Corporations from any liability of non-compliance with Section 119.07(3)(b) in the event that the information supplied is deemed exempt from public access. 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 have fulfilled all obligations concerning unclaimed property imposed by Chapter 717, Florida Statutes; 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 or Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Julio O. Esperon* *Marta Esperon* 2/17/94 (305) 471-8399
SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR