FILED Apr 20, 1999 8:00 am Secretary of State

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # NACAZOA

Principal Place of Business    Mail Ft. 311/4	1. Corporation	CLEANING SERVICES INC.							
MAMI FL 33174   MAMI FL 33174   DO NOT WRITE IN THIS SPACE	Principal Place of Business Mailing Address						IBJI WIBII BIBII I	11611 61611 1861	
Principal Place of Business   2a, Mailling Address   4. FEI Number   59-2449833   Applied For   Not	11043 SW 47H ST. 11043 SW 4TH ST					DO NOT WRITE IN THIS	SPACE		
2. Principal Place of Business 2. A. Melling Address 2. A. Melling Address 3. Sulfe, Apt. #, etc. 2. Sulfe, Apt. #									
2. Principal Place of Business 2. A. Melling Address 2. A. Melling Address 3. Sulfe, Apt. #, etc. 2. Sulfe, Apt. #						08/31/1984			
Suite, Apt. #, etc.	2. Principal Place of Business 2a. Mailing Address						Aş	plied For	
Suite, Apt. #, etc.  27 27 28 28 29 29 20 City & State 20 City & State 20 20 City & State 20 20 21 22 22 23 28 28 29 20 20 20 20 20 20 20 20 20 20 20 20 20	21 26					59-2449833			
City & State					_	5 Certificate of Status Desired			
Trust Fund Contribution   Added to Fees					·	3. Octabate of Carte Later State		<del>-</del>	
28						·			
22   23   29   30   Personal Property Tax   \$\frac{1}{2}\text{F} \   \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	23					Trust Fund Contribution		to Fees	
9. Name and Address of Current Registered Agent  HERNANDEZ, JOSE 11235 SW 7TH STREET MIAMI FL 33174  32 Street Address (P.O. Box Number is Not Acceptable)  14. 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 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, and accept the obligations of, Section 607.0505, Florida Statutes, the above—named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Suppara, paged or primate an impatered agent and the af applicable.  NOTE Registered Agent agriculture required when mentativity.  OFFICERS AND DIRECTORS IN 12  TITLE  PD	<b>⊢</b> '		— · —	- '	1			□No	
HERNANDEZ, JOSE 1 1235 SW 7TH STREET MIAMI FL 33174  11. Parsuant to the provisions of Sections 607.0502 and 607.1608, Florida Statutes.  14. Parsuant to the provisions of Sections 607.0502 and 607.1608, Florida Statutes, the above-named corporation submits this statement for the purpose of changing lits 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 with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  PD  HERNANDEZ, JOSE  11. NAME  11. STREET ADDRESS  TITLE  TD  HERNANDEZ, JOSE  11. STREET ADDRESS  CITY-ST-ZP  MIAMI FL  DELETE  1. TITLE  DIAMS  1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE  TD  HERNANDEZ, JOSE  1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  1. ADDITIONS/CHANGES TO OFFICERS AND DIREC	24			0					
HERNANDEZ, JOSE 11235 SW 7TH STREET MIAMI FL 33174  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 approximate as 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 approximate as registered office or registered agent, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PD  ADAIT  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PD  ADAIT  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  TITLE  ADAIT  TITLE  DELETE  11 STREET ADDRESS  112-WE  11235 SW 7TH STREET  12 SW 7TH STREET  13 STREET ADDRESS  11 CITY-ST-ZP  MIAMI FL  DELETE  31 TITLE  DELETE  31 TITLE  ALCHY-ST-ZP  MIAMI FL  Change Addition  NAME  STREET ADDRESS  CITY-ST-ZP  MIAMI FL  Change Addition  ADDRESS  ACTIVES T-ZP  ADAITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  NAME  32 NAME  33 STREET ADDRESS  CITY-ST-ZP  MIAMI FL  Change Addition  ADAITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  ADAITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  ADAITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ADAITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  Change Addition  ADAITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ADAITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ADAITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  ADDITIONS/CHANGES TO OFFIC		9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Registered	-gent		
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## Addition ## Add	11005 CW 7TH CTDEET			82	Street Add	ress (P.O. Box Number is Not Acceptable)			
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CITY ST 7ID		:							

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 caporation 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, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

IRE REQUIRESTICENT

DELETE

2/23/99

(305) 226-4136

☐ Addition

Change