

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

FILED

Mar 26 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **M29109** (9)
1. Corporation Name
GIRALDO'S PROPERTY MAINTENANCE AND LANDSCAPE, IN C.



Principal Place of Business
**6419 BIRD ROAD SECTION C
10960 SW 89 TERR
MIAMI FL 33176
US**

Mailing Address
**6419 BIRD ROAD SECTION C
10960 SW 89 TERR
MIAMI FL 33176-1274
US**

3. Date Incorporated or Qualified 03/18/1986	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2648473	Applied For Not Applicable
5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

2. Principal Place of Business:

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GIRALDO, LUIS A.
10960 SW 89 TERR
MIAMI FL 33176**

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 607.0508, 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 agree to the provisions of Section 607.0505, Florida Statutes.

SIGNATURE

[Signature]

(NOTE: Registered Agent signature required when reinstating)

03/21/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12.1 TITLE	☐ DELETE
12.2 NAME	
12.3 STREET ADDRESS	
12.4 CITY - ST - ZIP	
12.5 TITLE	☐ DELETE
12.6 NAME	
12.7 STREET ADDRESS	
12.8 CITY - ST - ZIP	
12.9 TITLE	☐ DELETE
12.10 NAME	
12.11 STREET ADDRESS	
12.12 CITY - ST - ZIP	
12.13 TITLE	☐ DELETE
12.14 NAME	
12.15 STREET ADDRESS	
12.16 CITY - ST - ZIP	
12.17 TITLE	☐ DELETE
12.18 NAME	
12.19 STREET ADDRESS	
12.20 CITY - ST - ZIP	

13.1 TITLE	☐ Change ☐ Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY - ST - ZIP	
13.5 TITLE	☐ Change ☐ Addition
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY - ST - ZIP	
13.9 TITLE	☐ Change ☐ Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY - ST - ZIP	
13.13 TITLE	☐ Change ☐ Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY - ST - ZIP	
13.17 TITLE	☐ Change ☐ Addition
13.18 NAME	
13.19 STREET ADDRESS	
13.20 CITY - ST - ZIP	

14. I am hereby certifying 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 as previously filed, if changed, or on any attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/96)