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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M29621

(3)

TOP JOB WINDOW CLEANING CORPORATION

,,,,									
Principal Place of Business Mailing Address						O I O II OFBII OFBII OFBII FOAT			
10712 SW 44 Miami FL 33 US		10712 SW 46 STREET Miami FL 33165 US			DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 03/27/1986				
2. Principal F	Place of Business	2a. Mailing Addres	SS		4. FEI Number	Applied For			
21		26			59-2650989	Not Applicable			
Suite, Apt. #, etc.		Suite, Apt. #, 6	tc.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred			
City & State		City & State	 		6. Election Campaign Financing Trust Fund Contribution				
Zip 24	Country 25	7ip	30 Cou	intry	This corporation owes or has paid the curr Personal Property Tax due June 30.	rent year Intangible Yes \(\sime\) No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
10	ONZALEZ, NORMA I. 712 SW 46 STREET AMI FL 33165		 !	83	Address (P.O. Box Number is Not Acceptable)				
				84 City	_ _	85 Zio Code			

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 appointment as registered agent, I am familiar with and accept the obligations of Section 607 0505. Florida Statutes

agent. rai	in ramiliar with, and accept the obligations of Section E	507.0505, FIORIO	ia Sialutes.				· · · · · · · · · · · · · · · · · · ·
SIGNATURE	Signature, typed or printed name of registered agent and little if applicable	(NOTE: R	noistered Agent signature	required when reinstating)		DATE	
12.	OFFICERS AND DIRECTORS		13.		CHANGES TO OFFIC	ERS AND DIRECTOR	S IN 12
TITLE	PO	DELETE	1.1 TITLE			Change	Addition
NAME	GONZALEZ, RAFAEL		1.2 NAME				
STREET ADDRESS	10712 SW 46TH ST		1.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 39		1.4 City-Sy ZiP	MIAMI FI	33165-4839	?	
TITLE		DELETE	2.1 TITLE	1. 1. 1. 1. 1	J-1- , J /	Change	Addition
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREET ADDRESS				
CITY-ST-ZIP			2 4 CITY - ST - ZIP				i
TITLE		DELETE	3 1 TITLE			☐ Change	☐ Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4. CITY - ST - ZIP				
TITLE		DELETE	4.1 TITLE			☐ Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 C(1) Y - ST - Z(P				
TITLE		DELETE	5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME				
STREET ADDRESS			5 3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		DELETE	6.1 TITLE	·——		☐ Change	☐ Addilion]
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS				1
T.							

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 Statules. 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 offect as if made under oath; that I am an officer or director of the corporation on 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, only an attachment with address.

SIGNATURE.

form

RAFAEL GMANET

1/1/98

36 725-0222

FILED

Jan 22 1998 8:00am

Secretary of State