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 #

SPARKLING BUILDING MAINTENANCE, INC.

Principal Place of Business 7351 NW 7 ST., STE K P.O. BOX 2078 MIAMI FL 33126-0314

SIGNATURE:

Mailing Address

7351 NW 7 ST., STE K P.O. BOX 2078 MIAMI FL 33126-0314

FILED Feb 03 1998 8:00am Secretary of State



206-1103

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

					04/15/1986		
2. Principal Place of Business 28		2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For	
21		26		59-2662876	Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional		
22		27	7		5. Certificate of Status Desired	Fee Required	
City & State City & State					6. Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees	
Ζiρ	Country	Zip	Country	/	8. This corporation owes or has paid the cu	rrent vear Intangible	
24	25	29	30			Yes No	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered	Agent	
SANCHEZ, JOSE				Name			
7351 N.W. 7TH STREET, SUITE K			_	99. Ctroot Address (D.O. Poy Nimber in Not Apportable)			
MIAMI FL 33126			82	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, 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.							
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE							
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12	
TITLE	PV	☐ DELETE	1.1 TITLE		,	☐ Change ☐ Addition	
NAME	SANCHEZ, JOSE	_	1.2 NAME			····	
STREET ADDRESS	9119 GRAN CANAL DRIVE		1.3 STREET	ADDRESS			
1	MIAMI FL		1	1			
CITY - ST - ZIP	ST	☐ DELETE	1.4 CITY - S	5T - ZIP		☐ Change ☐ Addition	
TITLE		CT DECEIG	2.1 TITLE	Ì		☐ Change ☐ Audition }	
NAME	SANCHEZ, MERCEDES		2.2 NAME				
STREET ADORESS	9119 GRAND CANAL DR.		2.3 STREET	ADDRESS			
CITY - ST - ZIP	MIAMI FL		2. 4 CITY - :	ST-ZIP	<u></u>		
TITLE		☐ DELETE	3.1 TITLE	į.		Change L Addition	
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET	ADDRESS			
CITY-ST-ZIP	3.4. C		3.4. CITY - 5	ST-ZIP			
TITLE		DELETE 4.11				☐ Change ☐ Addition	
NAME	4.2 N		4, 2 NAME			ļ	
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 CITY - S				
TITLE		DELETE	5.1 TITLE	11-26		☐ Change ☐ Addition	
NAME			5.2 NAME				
				1 DOGGCC			
STREET ADDRESS			5.3 STREET				
CITY-ST-ZIP		DELETE	5.4 CITY - S	i - ZIP		Change Addition	
TITLE		☐ DETESE	6.1 TITLE			CT cuande TT vacatodii	
NAME			6.2 NAME	1			
STREET ADDRESS			6.3 STREET	ADDRESS			
CITY-ST-ZIP			6.4 CITY - S				
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 direction of the occupier of 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.							

TL运与只EQUIRED