Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90184 040 \*\*\*150.00

## 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 # M44559

1. Corporation Name

SOUTH FLORIDA MAINTENANCE SERVICES, INC.

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Principal Place	e of Business	Mailing Addres	SS				DI MENSO INSTITUTO O	1811 BJ811 BIDII 8	1881 61611 1881
8221 NW 54 ST		8221 NW 54 S							
MIAMI FL 33166 MIAMI FL 33166									
US US						DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualif	ed		
						01/09/1987			
2. Principal Pl	lace of Business	2a. Mailing Ad	dress			4. FEI Number		. Apr	olied For
21		26				59-2766887		Not	t Applicable
Suite, Apt.	#, etc.	Suite, Apt.	#, etc.					\$8.75 A	dditional
22	,	27				5. Certificate of Status Desired		Fee Red	quired
City & State	e .	City & Stat	te			6. Election Campaign Financir	10	\$5.00	Mav Re
23		28				Trust Fund Contribution	'9 🗀	Added to	
Zip	Country	Zip		Country		8. This corporation owes the c	urrent vear Int	angible	
	25	29	30	ล ์		Personal Property Tax.	a., o , o	-	□No
24	9. Name and Address of Curre		,	<del>'</del>		10. Name and Address of New	w Registered	Agent	
	5. Name and Address of Curre	ent itegistered Ager		81	Name	101 /12/110 21/2 /			
TRIA	NY, CARLOS ESQUIRE				1.000				
999 PONCE DE LEON				82	Street Ad	Iress (P.O. Box Number is Not Acceptable)			İ
	TE 1110								
	RAL GABLES FL 33134	1 1 5 5 5		.÷.  83		ಾರ್ಟಿಯ ಪ್ರಕರ್ಣ ಬೇಕಾ ಎಂದು ಕಾರ	• .	P 4 1 2 2 2 2 5	·
CUr	WE GABLES PE 33134			84	City			85 Zip C	Code
			•		`		<u></u>	<u>.                                    </u>	
11. Pursuant	to the provisions of Sections 607.05	502 and 607.1508, Fi	orida Statutes,	the above	e-named co	rporation submits this statement for t	he purpose of	changing its	registered
office or fi	egistered agent, or both, in the Stat m familiar with, and accept the oblig	te of Florida. Such chi	ange was auth 7.0505. Florida	iorized by a Statutes	tne corpora	tion's board of directors. I hereby ac	cebi me appon	nunent as reg	dizieren
agent. Tai	m laminar with, and dooopt the oblig	94 01, 000							
SIGNATURE	Signature, typed or printed name of registered as	gent and title if applicable.	(NOTE: Re	egistered Ager	nt signature requi	ired when reinstating)	DATE		
SIGNATURE	Signature, typed or printed name of registered at OFFICERS A	gent and title if applicable.	(NOTE: Re	egistered Ager	nt signature <i>r</i> equi	ired when reinstating)  ADDITIONS/CHANGES TO		ID DIRECTO	RS IN 12
12.	OFFICERS A	AND DIRECTORS	(NOTE: Re		nt signature requi			ID DIRECTO	RS IN 12
12.	OFFICERS A	AND DIRECTORS	`	13.	nt signature æqu				
12. TITLE NAME	OFFICERS A P INFANTE, JOSE M., JR.	AND DIRECTORS	`	13. 1.1 TITLE 1.2 NAME					
12. TITLE NAME STREET ADDRESS	P INFANTE, JOSE M., JR. 8227 NW 54TH ST	AND DIRECTORS	`	13. 1.1 TITLE 1.2 NAME 1.3 STREET	T ADDRESS				
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS A P INFANTE, JOSE M., JR.	AND DIRECTORS	DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S	T ADDRESS			Change	Addition
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P INFANTE, JOSE M., JR. 8227 NW 54TH ST	AND DIRECTORS	DELETE	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-S	T ADDRESS			Change	Addition
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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 corporation or the receiver of the true 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 attachpien with an agtress, with all other like empowered.

6.4 CITY+ST+ZIP

SIGNATURE:

CITY-ST-ZIP