FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

OCUME		0004400 /=			
 Corporation Nar 	ENT # P9300 IANITORIAL SERVICES II)0004433 (7) Inc.	1) (881/89) (18 18/84)/// 8 8// 8 8//	ROLLI BERK BERK BIRK BIRK BIRGE DIRE IIN IARI
ATTUALL U					
rincipal Place of E	Business	Mailing Address		,	
2462 SW 137 AV		2462 SW 137 AVE MIAMI FL 33175			
MIAMI FL 33175 US)	MIAMI FL 33175 US		3. Date incorporated or Qualified	3a. Date of Last Fleport
				01/20/1993	05/01/1995
t. Principal Place	of Business	2a. Mailing Address		4. Fet Number 65-0381072	Applied For Not Applicatile
Suite, Apt. #, etc.		Suite Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
2		27			ree nequireo
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	28	Country	B. This corporation has liability for	intangible tax under s. 199.032,
ā .	25	29	30	Figure 3 Statutes Yes 10. Name and Address of New F	Registered Agent
	9. Name and Address of Curre	ent Registered Agent	B1 Name 4	TIDALGO JOSE	A.
4 HIDALLO,	JOSE A		82 Street Add	iness (P.O. Box Number is Not Acceptate	Sex Teon
- HIDALLO, 13205 SW	JUSE A. V 11TH TERR		<u></u>	12702 2m 11	1ERR
MIAMI FL			83		or 7.5 Code
			84 City	MIAMI	FL 85 35184
11. Purguant to	the provisions of Sections 607 050	02 and 607,1508, Florida Statute		the state of the s	irpose of changing its registered office pointment as registered agent. I am
	Tagent, or both, in the State of Fic , and accept the obligations of St	bottop 607,0505, Florida Statutes		oration submits this statement for the pu and of directors. I hereby accept the app	5/2/9/
	1911 (1 141	work >ecy	- IREAS	ec where renstatind	
12.	graphe, typed or printed name of registered ap OFFICERS A	punt and title 4 after abin (NG	ITE Registereo Agent signature requir		FICERS AND DIRECTORS IN 12
	OF THE MOST	AND DIRECTORS -	13.	ADDITIONS/CHANGES TO OF	
TITLE	D	AND DIRECTORS DELETE	1.1 ∏/;€	ADDITIONS/CHANGES TO OF	Change Addition
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AME TREET ADDRESS (TY-ST-ZIP ITLE IJAME STREET ADDRESS STRY-ST-ZIP ITLE IJAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TAL I do hereby certify that	CAMBON, BARBARO E 745 SW 9TH STREET, APT MIAMI FL 33130 D SANCHEZ, LAZARO 2931 SW 111TH AVE MIAMI FL 33165 D HIDALGO, JOSE A 13205 SW 11TH TERRACI MIAMI FL 33165	DELETE DELETE DELETE DELETE DELETE DELETE DELETE	1 1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CBY-ST_ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CBY-ST_ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CBY-ST_ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CBY-ST_ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CBY-ST_ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 5.4 CBY-ST_ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 5.4 CBY-ST_ZIP 6.1 TITLE 6.3 NAME 6.3 STREET ADDRESS 5.4 CBY-ST_ZIP 6.1 TITLE 6.3 NAME 6.3 STREET ADDRESS 5.4 CBY-ST_ZIP 6.1 TITLE 6.3 NAME 6.3 STREET ADDRESS 5.4 CBY-ST_ZIP 6.3 STREET ADDRESS 5.4 CBY-ST_ZIP 7.3 NAME 6.4 CBY-ST_ZIP 7.4 NAME 6.5 STREET ADDRESS 5.4 CBY-ST_ZIP 7.5 NAME 6.5 STREET ADDRESS 6.4 CBY-ST_ZIP 7.5 NAME 6.5 STREET ADDRESS 6.4 CBY-ST_ZIP 7.5 NAME 6.5 STREET ADDRESS 6.5 STREE	4000018 -06/03/9601 ***225.00 fy for the exemption stated in Section 1 turate and that my signature shall have to this report as required by Chapter 607.	Change Addition Change Addition Change Addition Change Addition Change Addition Change Addition Change Addition