

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000027132 (8)

1. Corporation Name

FLORIDA BEST JANITOR INC.



Principal Place of Business

Mailing Address

16430 NE 27TH PL
N MIAMI BEACH FL 33160

16430 NE 27TH PL
N MIAMI BEACH FL 33160

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

3. Date Incorporated or Qualified

04/07/1993

3a. Date of Last Report

06/14/1995

4. FET Number

65-0402939

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MORALES, ANDRES M
16430 NE 27TH PL
N MIAMI BEACH FL 33160

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 607.1508, 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 of Registered Agent

Signature of Registered Agent

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ DELETE

NAME: PD
MORALES, ONEIDA
STREET ADDRESS: 16430 NE 27TH PL
CITY-STATE-ZIP: N MIAMI BEACH FL 33160

2. TITLE ☐ DELETE

NAME: SD
MORALES, ANDRES M
STREET ADDRESS: 16430 NE 27TH PL
CITY-STATE-ZIP: N MIAMI BEACH FL 33160

3. TITLE ☐ DELETE

NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

4. TITLE ☐ DELETE

NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

5. TITLE ☐ DELETE

NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

6. TITLE ☐ DELETE

NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

1. TITLE ☐ Change ☐ Addition

2. NAME
3. STREET ADDRESS

4. CITY-STATE-ZIP

2. TITLE ☐ Change ☐ Addition

2. NAME
3. STREET ADDRESS

4. CITY-STATE-ZIP

3. TITLE ☐ Change ☐ Addition

3. NAME
4. STREET ADDRESS

5. CITY-STATE-ZIP

4. TITLE ☐ Change ☐ Addition

4. NAME
5. STREET ADDRESS

6. CITY-STATE-ZIP

5. TITLE ☐ Change ☐ Addition

5. NAME
6. STREET ADDRESS

7. CITY-STATE-ZIP

6. TITLE ☐ Change ☐ Addition

6. NAME
7. STREET ADDRESS

8. CITY-STATE-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Oneida Morales
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/95

Display Phone

CR2E034 (12/95)