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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

P93000038394 (1)

U.S. PEST CONTROL SYSTEMS CORP.



Principal Place of	f Business	Mailing Address		- L (100 /100) 400 10100 14134 00/41 00/41	
Principal Place of 11544 SW 6TH	H TER	11544 SW 6TH TER			
MIAMI FL 3317	74	MIAMI FL 33174		3. Date incorporated or Qualified 05/27/1993	3a. Date of Last Report 04/11/1995
2. Principal Place	ce of Business	2a. Mailing Address		4. FEI Number	Applied For
1 512	SW 109 Ave		w 109 Ave	65-0414286	Not Applicable \$8.75 Additional
Suite, Apt. #,	, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
₃ Mian	mi, FL	28 Miami	FL.	Trust Fund Contribution	Added to Fees
Zip	Country	29 33174	Country	8. This corporation has liability for in Florida Statutes Yes	
4 3311	25 USA 9. Name and Address of Curre		30 USA.	10. Name and Address of New R	
	3. Hame and Addicas of Control		81 Name	Arcae Ramo	A
ARCAS,	RAMON		82 Street Addre	Arcas Hamo ress (P.O. Box Number is Not Acceptab	اها
	W 6TH TER			ress (P.O. Box Number is Not Acceptable 14472 SW	50 Terr
MIAMI FL			83		
			84 City	Miami	FL 85 20 Code 75
44.6	Haranda Continuo 607 050	3 and 607 1509 Florida Statutos	the above named corner	Miami ration submits this statement for the pur	roose of changing its registered offin
or registered	d agent, or both, in the State of Jur	ida. Such change was authorized	by the corporation's boar	ration submits this statement for the pur rd of directors. I hereby accept the appr	ointment as registered agent. I am
	n, and accent the colligations of fed	~ - \ (1-19-96
	Signature, typied oper nited name of pogestered ages	than the produce (NOTE	Registeral Ages I Superference pares		EIATE
Si	ØFLICERS AN	nand their application (NOTE ND DIRECTORS	13.	ADDITIONS/CHANGES 10 OFF	ICERS AND DIRECTORS IN 12
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12. TITLE NAME STREET ADDRESS	DP ARCAS, RAMON 14472 SW 50TH TER	nand their application (NOTE ND DIRECTORS	13. 1 1 111; f 1 2 NAMF 1 3 STREET ADDRESS		ICERS AND DIRECTORS IN 12
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14. I do hereby certify that the information supplies with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(N). Florioa Statutes. I furner 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 coath, that I am an officer or director of the corpyration 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 attantion with an address.

SIGNATURE: __

SIGNATURE AND TYPED OR PRATED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-96

305-559-7846

Daytine Phone #