

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000038394 (1)

1. Corporation Name

U.S. PEST CONTROL SYSTEMS CORP.



Principal Place of Business

Mailing Address

11544 SW 6TH TER
MIAMI FL 33174

11544 SW 6TH TER
MIAMI FL 33174

3. Date Incorporated or Qualified
05/27/1993

3a. Date of Last Report
04/11/1995

2. Principal Place of Business

2a. Mailing Address

21 512 SW 109 Ave

26 512 SW 109 Ave

4. FEI Number
65-0414286

Applied For
Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 City & State

Miami, FL

28 City & State

Miami, FL

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 Zip 33174

25 Country USA

29 Zip 33174

30 Country USA

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

ARCAS, RAMON
11544 SW 6TH TER
MIAMI FL 33174

81 Name

Arcas Ramon

82 Street Address (P.O. Box Number is Not Acceptable)

14472 SW 50 Terr

83

84 City

Miami

FL

85 Zip Code

33175

11. Pursuant to the provisions of Sections 607.0102 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

A. Arcas

(NOTE: Registered Agent's signature required when incorporating)

DATE

1-19-96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME DP
STREET ADDRESS ARCAS, RAMON
CITY-ST-ZIP 14472 SW 50TH TER
MIAMI FL 33174

TITLE ☐ DELETE

NAME DVT
STREET ADDRESS ARCAS, JUAN
CITY-ST-ZIP 5102 SW 137TH CT
MIAMI FL 33175

TITLE ☐ DELETE

NAME DS
STREET ADDRESS ARCAS, JOSE M
CITY-ST-ZIP 11544 SW 6TH TER
MIAMI FL 33174

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-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:

A. Arcas
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-19-96

305-559-7846

Date

Daytime Phone #

CR2E034 (12/95)