

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE
NAME	ARCAS, RAMON	
STREET ADDRESS	14472 SW 50TH TER	
CITY - ST - ZIP	MIAMI FL 33174	
TITLE	DVT	<input type="checkbox"/> DELETE
NAME	ARCAS, JUAN	
STREET ADDRESS	5102 SW 137TH CT	
CITY - ST - ZIP	MIAMI FL 33175	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	ARCAS, JOSE M	
STREET ADDRESS	11544 SW 6TH TER	
CITY - ST - ZIP	MIAMI FL 33174	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

Ramon Arcas

1-19-96

Date

305-559-7846

Daytime Phone #

CR2E034 (12/95)