FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

APPROVED AND FILED

95 MAY 23 AM 10:15

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DOCUMENT # **P94000001879 (3)**

1. Corporate Name

INROH COMMUNICATIONS, INC.

Principal Place of Business	Mailing Address
20533 BISCAYNE BLVD. SUITE 4-133 AVENTURA FL 33180	20533 BISCAYNE BLVD. SUITE 4-133 AVENTURA FL 33180

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/07/1994
3a. Date of Last Report:

2. Principal Place of Business — 21 / Suite, Apt. #, etc. 22 / City & State 23 / Zip 24 / County 25

2a. Mailing Address — 26 / Suite, Apt. #, etc. 27 / City & State 28 / Zip 29 / Country 30

4. FEI Number: 65-0460103 — 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
SMITH, JASON 5686 ROCK ISLAND RD. TAMARAC FL 33319	81 Name: Marlowe, Ronald J. 82 Street Address (P.O. Box Number is Not Acceptable): 2601 S. Bayshore Dr. 83 19th Floor 84 City: Miami FL 85 Zip Code: 33133

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] RONALD J. MARLOWE 4-19-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	TITLE	DP ☒ Change ☐ Addition
NAME	SMITH, JASON A	NAME	Smith, Jason A.
STREET ADDRESS	5686 ROCK ISLAND RD.	STREET ADDRESS	11991 SW 15 St
CITY-ST-ZIP	TAMARAC FL 33319	CITY-ST-ZIP	Pembroke Pines, FL 33025
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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(1)(i), 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: [signature] Jason A. Smith — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 4/14/95 (Date) — 305-932-2884 (Daytime Phone #)

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FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

DOCUMENT # **P94000001935 (3)**

1. Corporate Name

JOAN SWAIN, INC.

FILED
95 MAY 10 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
13802 KENDALL DRIVE MIAMI FL 33186	13802 KENDALL DRIVE MIAMI FL 33186

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City, State 23 Zip 24 County 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City, State 28 Zip 29 County 30
3. Date Incorporated or Qualified: **01/07/1994**	3a. Date of Last Report
4. FEI Number: **65-0462961Q**	☐ 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 Florida Statutes: ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
CORPORATION INFORMATION SERVICES INC. **1201 HAYS ST.** **TALLAHASSEE FL 32301**	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 Section 607.0505, 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. I hereby am authorized by the corporation's board of directors, I hereby accept the appointment as registered agent (or both) and agree to comply with the provisions of Section 607.0505, Florida Statutes.

SIGNATURE

12. Officer/Director Data	13. Additional Officer/Director Data
Title: DPST Name: SWAIN, JOAN Address: 13802 KENDALL DR. City-St-Zip: MIAMI FL 33186	☐ Change ☐ Add/Del
Title Name Address City-St-Zip	☐ Change ☐ Add/Del
Title Name Address City-St-Zip	☐ Change ☐ Add/Del
Title Name Address City-St-Zip	☐ Change ☐ Add/Del
Title Name Address City-St-Zip	☐ Change ☐ Add/Del
Title Name Address City-St-Zip	☐ Change ☐ Add/Del

14. I/We hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemptions stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 with an address with an asterisk.

SIGNATURE: Joan Swain 5/11/95 305-595-6641

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0209170 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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ORIDA

CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

10: 15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000002216 (7)**

1. Corporation Name

ULTRA CLEANING SERVICE CORPORATION

Principal Place of Business	Mailing Address
1060 S.W. 14TH ST. DEERFIELD BEACH FL 33441	1060 S.W. 14TH ST DEERFIELD BEACH FL 33441

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/03/1994**

3a. Date of Last Report:

2. Principal Place of Business — 21:

Suite, Apt. #, etc. — 22:

City & State — 23:

Zip — 24: County — 25:

2a. Mailing Address — 26:

Suite, Apt. #, etc. — 27:

City & State — 28:

Zip — 29: County — 30:

4. FEI Number: 65-0450096 ☐ 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 USC, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

FERNANDEZ, ESTHER
1060 S.W. 14 ST.
DEERFIELD BEACH FL 33441

10. Name and Address of New Registered Agent

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 Section 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	FERNANDEZ, ESTHER	12 NAME	
STREET ADDRESS	1060 S.W. 14TH ST.	13 STREET ADDRESS	
CITY ST ZIP	DEERFIELD BEACH FL 33441	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	FERNANDEZ, FELIX	22 NAME	
STREET ADDRESS	1060 S.W. 14TH ST.	23 STREET ADDRESS	
CITY ST ZIP	DEERFIELD BEACH FL 33441	24 CITY ST ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	LEITE, CARMEN D	32 NAME	
STREET ADDRESS	3845 CORAL TREE CIRCLE	33 STREET ADDRESS	
CITY ST ZIP	COCONUT CREEK FL 33073	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		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)(i), 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: [signature] (305) 421-8850

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

0437M2 FP