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 # **P94000028541 (8)**

1. Corporation Name

BEST BUG KILLERS, INC.

Principal Place of Business	Mailing Address
7774 VENETIAN ST MIRAMAR FL 33023	7774 VENETIAN ST MIRAMAR FL 33023

2. Principal Place of Business	2a. Mailing Address
21 2210 SW 62 AVE.	26 2210 SW 62 AVE.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: MIRAMAR FL	28 City & State: MIRAMAR FL
24 Zip: 33023 25 Country: U.S.A.	29 Zip: 33023 30 Country: U.S.A.

3. Date Incorporated or Qualified: 04/14/1994

3a. Date of Last Report: 07/19/1995

4. FEI Number: 59-2494371 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired: (X) **$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

CONSIGLIO, CARALINA
7774 VENETIAN ST
MIRAMAR FL 33023

10. Name and Address of New Registered Agent

81 Name: GUSTAVO L. KRUSS

82 Street Address (P.O. Box Number is Not Acceptable): 2210 SW 62 AVE

83

84 City: MIRAMAR FL FL 85 Zip Code: 33023

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] GUSTAVO L. KRUSS 3-19-96

Signature, typed or printed name of registered agent and title if applicable — By the Registered Agent (signature required when filing) — DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P CONSIGLIO, JUAN C 7774 VENETIAN ST MIRAMAR FL 33023	(X) DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P KRUSS GUSTAVO LUIS 2210 SW 62 AVE. MIRAMAR FL 33023	Change (X) Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V CONSIGLIO, CATALINA C 7774 VENETIAN ST MIRAMAR FL 33023	(X) DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	V KRUSS CRISTINA 2210 SW 62 AVE. MIRAMAR FL 33023	Change (X) Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	000001851350 -06/05/96--01023--010 ***233.75	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

6/4 12

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: [signature] 3-19-96 989-0451

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

CR2E034 (12/95)