Applied For Not Applicable \$8.75 Additional :Fee Required \$5.00 May Be Added to Fees

85

Zip Code

FILED

Jan 25, 1999 8:00am

Secretary of State

01-25-1999 90004 015 ***150.00

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999

MIAMI FL 33125



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P94000036757**1. Corporation Name

L & E MAINTENANCE SERV. CORPORATION

	: 		
Principal Place of Business	; Mailing Address		3 1001100 114 1010 gibrs duits duits duits doins deins duits
6854 W FLAGLER ST UNIT 3 MIAMI FL 33144	6854 W FLAGLER ST UNIT 3 MIAM! FL 33144		DO NOT WRITE IN THIS SPACE
US	. US		3. Date Incorporated or Qualifed 05/12/1994
2. Principal Place of Business	2a. Mailing Address		4. FEI Number
21	26		65-0494230
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired
City & State	City & State	•	6. Election Campaign Financing \$5. Trust Fund Contribution Add
Zip Cou 24 25	ntry Zip	Country 30	8. This corporation owes the current year Intangible Personal Property Tax.
	dress of Current Registered Agent		10. Name and Address of New Registered Agent
ACOSTA, ELADIO		81 Name 82 Street Add	Iress (P.O. Box Number is Not Acceptable)
COEA MAI EL ACI ED CT		UL OLIOCK AGE	noso (r. to r. box monitor, to materiological)

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

84 City

agent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.									
SIGNATURE	4								
Signature, typed or printed name of registered agent and tille in applicable. (NOTE: Registered Agent signature required when reinstating)									
12.	OFFICERS A	ND DIRECTORS	}	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12			
TITLE	.D		☐ DELETE	1.1 TITLE	A series of the	☐ Change ☐ Addition			
NAME	ACOSTA, ELADIO	T. C.		1.2 NAME					
STREET ADDRESS	10319 SW 24 ST #209	t		1.3 STREET ADDRESS	-				
CITY-ST-ZIP	MIAMI FL			1.4 CITY-ST-ZIP		*.			
TITLE	•		☐ DELETE	2.1 TITLE	·	☐ Change ☐ Addition			
NAME				2.2 NAME					
STREET ADDRESS				2.3 STREET ADDRESS					
CITY-ST-ZIP	The state of the state of the state of	the second	۴,	2. 4 CITY-ST-ZIP		-			
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NAME				3.2 NAME					
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NAME				4. 2 NAME		•			
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TIFLE		٠,	☐ DELETE	5.1 TITLE	· · · · · · · · · · · · · · · · · · ·	☐ Change ☐ Addition			
NAME	•			5.2 NAME		·			
STREET ADDRESS				5.3 STREET ADDRESS					
CITY-ST-ZIP				5.4 CITY+ST-ZIP					
TITLE	ing series of the series of th	7	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition			
NAME	in the section of the	A CAR		6.2 NAME					
STREET ADDRESS	Mark 1	•		6.3 STREET ADDRESS	•				
CITY-ST-ZIP				6.4 CITY-ST-ZIP					

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: