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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000037287 (7)

CONCORDE CLEANING SERVICE, INC.

FILED May 15 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 1131 SW 70TH AVENUE 1131 SW 70TH AVENUE PLANTATION FL \$3317 PLANTATION FL 33317 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 05/17/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0489798 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 Trust Fund Contribution 28 Zip Country Country 8. This corporation owes or has paid the current ear Intangible 24 25 Personal Property Tax due June 30. ☐ No 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent MONSALVE, LUIS 1131 SW 70TH AVENUE Street Address (P.O. Box Number is Not Acceptable) 82 **PLANTATION FL 33317** 83 City 84 Zip Code F 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 specifice 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 lamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or preced name of the gistered agent and the if applicable (NOTF: Registered Agent signature required when reinstaling) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Addition TITLE 11 TITLE Change MONSALVE, LUIS NAME 1.2 NAME 1131 SW 70TH AVENUE STREET ADDRESS 1.3 STREET ADDRESS **PLANTATION FL 33317** 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change ■ Addition TITLE 2.1 T(TLE 2.2 NAME NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3 4. CITY - ST - 2IP DELETE TITLE Change Addition 41 TITLE 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-\$1-7/P 54 CITY-S1-ZIP DELETE Change Addition TITLE 6.1 TITLE STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP 14. Thereby certify that the information supplied with this filling 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 early that it 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 13 if changes, or on an attactment with an address.

SIGNATURE:

oap

4/17/98 362-9139