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 # **P94000056421 (8)**

1. Corporation Name

INTERCLEAN BUILDING SERVICES, INC.

Principal Place of Business	Mailing Address
~~6190 N.W. 173RD ST.~~ ~~SUITE 603~~ ~~MIAMI FL 33015~~	~~6190 N.W. 173RD CT.~~ ~~SUITE 603~~ MIAMI FL 33015

2. Principal Place of Business	2a. Mailing Address
21 18219 N.W. 61 Court	26 18219 N.W. 61 Court
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Miami, FL	City & State 28 Miami, FL.
Zip 24 33015 — County 25 U.S.A.	Zip 29 33015 — County 30

3. Date Incorporated or Qualified: 07/29/1994

3a. Date of Last Report: 04/25/1995

4. FEI Number: 65-0510248 — ☐ 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

VARGAS, JORGE E
~~6190 N.W. 173RD ST.~~
~~SUITE 603~~
~~MIAMI FL 33015~~

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 18219 N.W. 61 Court

84 City Miami — FL — 85 Zip Code 33015

11. Pursuant to the provisions of Sections 607.0502 and 617.1508, 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 _____ DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSD	☐ DELETE	11 TITLE	☒ Change	☐ Addition
NAME	VARGAS, JORGE E		12 NAME		
STREET ADDRESS	~~6190 N.W. 173RD ST. SUITE 603~~		13 STREET ADDRESS	18219 N.W. 61 Court	
CITY-ST-ZIP	~~MIAMI FL 33015~~		14 CITY-ST-ZIP	Miami, FL. 33015	
TITLE	VTD	☐ DELETE	21 TITLE	☒ Change	☐ Addition
NAME	DIQUE, MARIA L		22 NAME		
STREET ADDRESS	~~6190 N.W. 173RD ST. SUITE 603~~		23 STREET ADDRESS	18219 N.W. 61 Court	
CITY-ST-ZIP	~~MIAMI FL 33015~~		24 CITY-ST-ZIP	Miami, FL. 33015	
TITLE		☐ DELETE	31 TITLE	☐ Change	☐ Addition
NAME			32 NAME		
STREET ADDRESS			33 STREET ADDRESS		
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE		☐ DELETE	41 TITLE	☐ Change	☐ Addition
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE		☐ DELETE	51 TITLE	☐ Change	☐ Addition
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	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 report is true, 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 added.

SIGNATURE: _____ 4/24/96 (305)639-4776

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

CR2E034 (12/95)