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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P9400059777 (0)

MIAMI GARDEN SERVICES, CORP.

FILED Apr 04 1997 8:00am Secretary of State



Principal Place of Business 4631 SW 135TH AVE.		Mailing Address						
4631 SW 13511 MIAMI FL 3317		4631 SW 135TH AVE. MIAMI FL 33175-3814						
					3. Date Incorporated or Qualified 08/11/1994	3a. Date 05/1	e of Last F 7/1996	Report
2. Principa! Pl 21	ace of Business	2a. Mailing Address	,		4. FEI Number 65-0539874	L		pplied For ot Applicable
Suite Apt	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75	Additional lequired
City & State 23)	City & State			Election Campaign Financing Trust Fund Contribution			May Be to Fees
Ζφ 24	Country 25	Zip 29	Country 30		8. This corporation has liability fo Florida Statutes	r intangible t		s. 199.032,
***************************************	9, Name and Address of Curr	rent Registered Agent			10. Name and Address of New R	legistered A	gent	
JAR!	QUIN, JOSE H		81	Name				
	1 SW 135TH AVE. MI FL 33175		82	Street Add	iress (P.O. Box Number is Not Accepta	able)	, , , , , , , , , , , , , , , , , , , ,	
			83					
			84	City		FL		Code
11. Pursuanta office or re	to the provisions of Sections 607.0 egistered agent or both, in the St	0502 and 607.1508, Florida Statuate of Florida Such change was	authorized by	e-named cor the corpora	poration submits this statement for the ation's board of directors. I hereby acc	purpose of e ept the appo	changing introduction	its registered s registered
agen co	The surface of the order of the			:. A		2/1	6/91	7
	Mary Mary	1822 3050	H~J/I/UGU	<i>(N)</i>				
SIGNATURE	A part of the contract of the		TE: Flegistered Age	nt Sonalure requ	nired when reinstaling)	DATE	DIOFOTO	DO 11 40
SIGNATURE		Jent of stlent application (NC AND DIRECTORS	TE: Flegistered Age	int signature requ	nired when reinstaling) ADDITIONS/CHANGES TO OFF	ICERS AND		
SIGNATURE 12. THE	DPT	Jent and otte it application (NC	13. 1.1 TILLE	ni signalure requ		ICERS AND	DIRECTOI Change	
SIGNATURE 12. THE NAME	DPT JARQUIN, JOSE H	Jent of stlent application (NC AND DIRECTORS	13. 1.1 TILLE 1.2 NAME			ICERS AND		
SIGNATURE 12. THE NAME 5'BEEL ADDRESS	DPT JARQUIN, JOSE H 4631 SW 135TH AVE.	Jent of stlent application (NC AND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREET	ADORESS		ICERS AND		
SIGNATURE 12. THE NAME STREEL ADDRESS GITY (SI-7)6	DPT JARQUIN, JOSE H 4631 SW 135TH AVE. MIAMI FL 33175	AND DIRECTORS DELETE	13. 1.1 THLE 1.2 NAME 1.3 STREET 1.4 CITY-S	ADORESS		ICERS AND	Change	Addition
SIGNATURE 12. THE NAME STREEL ADDRESS CITY - \$1 - 760 THE	DPT JARQUIN, JOSE H 4631 SW 135TH AVE. MIAMI FL 33175 DVS	Jent of stlent application (NC AND DIRECTORS	13. 1.1 THLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 THLE	ADORESS		ICERS AND		Addition
SIGNATURE 12. THE NAMI STREELADDRESS CITY-ST-760 THEE NAMI	DPT JARQUIN, JOSE H 4631 SW 135TH AVE. MIAMI FL 33175 DVS CRUZ, JOSE A	AND DIRECTORS DELETE	13. 1.1 THE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 THE 2 NAME	ADORESS T-ZIP		ICERS AND	Change	Addition
SIGNATURE 12. THE NAME STREELADDRESS GITY-SE-769 THE NAME SUREFLADDRESS	DPT JARQUIN, JOSE H 4631 SW 135TH AVE. MIAMI FL 33175 DVS CRUZ, JOSE A 4631 SW 135TH AVE.	AND DIRECTORS DELETE	13. 1.1 THE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 THE 2 NAME 2.3 STREET	ADORESS T-ZIP		ICERS AND	Change	Addition
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SIGNATURE 12. THE NAME STREELADDRESS CITY-SE-7RC THEE NAME STREELADDRESS CITY-SE-7RC THEE NAME STREELADDRESS CITY-SE-7RC	DPT JARQUIN, JOSE H 4631 SW 135TH AVE. MIAMI FL 33175 DVS CRUZ, JOSE A 4631 SW 135TH AVE. MIAMI FL 33175	AND DIRECTORS DELETE	13. 1.1 THE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 THE 2 NAME 2.3 STREET	ADORESS T-ZIP		ICERS AND	Change Change	Addition
SIGNATURE 12. THE NAME STREELADDRESS CHY-SI-760 THE NAME STREELADDRESS CHY-SI-700 HILE NAME	DPT JARQUIN, JOSE H 4631 SW 135TH AVE. MIAMI FL 33175 DVS CRUZ, JOSE A 4631 SW 135TH AVE. MIAMI FL 33175 DV	AND DIRECTORS DELETE DELETE	13. 1.1 THE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 THE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 THE 3.2 NAME	ADDRESS T-ZIP ADDRESS ST-ZIP		ICERS AND	Change Change	Addition
SIGNATURE 12. THE NAME 5'REELADDRESS CITY-SI-76' THE NAME SIREELADDRESS CAY-SI-76' THE NAME NAME NAME SIREELADDRESS	DPT JARQUIN, JOSE H 4631 SW 135TH AVE. MIAMI FL 33175 DVS CRUZ, JOSE A 4631 SW 135TH AVE. MIAMI FL 33175 DV JARQUIN, MARIA I	AND DIRECTORS DELETE DELETE	13. 1.1 THE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 THE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 THE 3.2 NAME 3.3 STREET	ADDRESS ADDRESS ST-ZIP ADDRESS		ICERS AND	Change Change	RS IN 12 Addition Addition
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SIGNATURE 12. THEF NAMI 5'REELADDRESS CITY-SI-76' THEE NAMY SIREELADDRESS CITY-SI-71P HILE NAMR SIREELADDRESS CITY-SI-72'	DPT JARQUIN, JOSE H 4631 SW 135TH AVE. MIAMI FL 33175 DVS CRUZ, JOSE A 4631 SW 135TH AVE. MIAMI FL 33175 DV JARQUIN, MARIA I 4631 SW 135TH AVE.	AND DIRECTORS DELETE DELETE	13. 1.1 THE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 THE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 THE 3.2 NAME 3.3 STREET 3.4 CITY-S	ADDRESS ADDRESS ST-ZIP ADDRESS		ICERS AND	Change	Addition Addition
SIGNATURE 12. THEF NAMI STREELADDRESS CITY-SI-76° THEE NAMY STREELADDRESS CITY-SI-70° HILE NAMI STREELADDRESS CITY-SI-70° HILE NAMI STREELADDRESS CITY-SI-70° THEE	DPT JARQUIN, JOSE H 4631 SW 135TH AVE. MIAMI FL 33175 DVS CRUZ, JOSE A 4631 SW 135TH AVE. MIAMI FL 33175 DV JARQUIN, MARIA I 4631 SW 135TH AVE.	AND DIRECTORS DELETE DELETE	13. 1.1 THLE 1.2 NAME 1.3 STREET 1.4 CITY-S 2.1 THLE 2.2 NAME 2.3 STREET 2.4 CITY-S 3.1 THLE 3.2 NAME 3.3 STREET 3.4 CHY-S 4.1 THLE 4.2 NAME	ADDRESS T-ZIP ADDRESS ST-ZIP ADDRESS ST-ZIP		ICERS AND	Change	Addition Addition
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4. I do hereby cert by that the information supplied with this fling 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 13 of chapter 607 an attachment with an address.

SIGNATURE:

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/24/97/

Daytime Prone (\$25)22) 478