## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

SIGNATURE: \_\_\_\_\_\_

P94000060510 (2) DOCUMENT #

1. Corporation Name

SUPERIOR LANDSCAPE MAINTENANCE OF SOUTH FLORIDA INC.



Principal Place of Business 12162 ACAPULCO AVE. LAKE PARK FL 33410		Mailing Address					
		12162 ACAPULCO AVE. LAKE PARK FL 33410					
					3. Date Incorporated or Qualified 08/11/1994	3a. Date of L 05/0	ast Report <b>//1995</b>
2. Principal Place	e of Business	2a. Mailing Address	A	01	4. FEI Number		Applied For
1/2668 6	CITRUS GARE Blua	1. 26 12668 C17	RUS GROVE I	DIN	65-0518057		Not Applica
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certificate of Status Desired	<b>\$</b>	8.75 Additiona Fee Required
City & State	Pour Beach, Pi	- 28 ROYAL PALM	BEACH, I	R	Election Campaign Financing     Trust Fund Contribution	1 1	\$5.00 May Be Added to Fees
Zip 334	4/2 Country 25	Zip 33412 3	Country 30		8. This corporation has liability for Florida Statutes Yes	intangible tax ur No	ders 199.032,
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New F	Registered Age	nt
DIEZ, ALE					s (P.O. Box Number is Not Accental	ove BA	lud.
	APULCO AVE. 3K FL 33410		83	060	CATAVS CONT		
			84 City	7	Park B- ADM	E 8	5 Zip Code
			//	oya	CIMM PENCH	<u> </u>	33910
or reaistered	the provisions of Sections 607.0502 i agent, or both, in the State of Floric, and accept the obligations of, Sect	ta. Such change was authorized	the above-named co by the corporation's	board	on submits this statement for the purific for the appropriate appr	ointment as regi	stered agent. I ar
SIGNATURE	gnature, typed or printed name of registered agent	and tills if euroscenia (NOTE:	Registered Agent signature re	w beni ca	hac reinstalino)	DATE	
12.	OFFICERS ANI		13.	043.00.11	ADDITIONS/CHANGES TO OFF		CTORS IN 12
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NAMÉ	DIEZ, ALEX	-	1.2 NAME			41.1	
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CITY-ST-7IP	LAKE PARK FL 33410		1.4 CITY - ST - ZIP	ROY	AL PALM BEACH, FL	33412	
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TOLE			6 1 TITLE 6.2 NAME				
NAME OXOGEN ADDRESS			6.2 NAME 6.3 STREET ADDRESS				
STREET ADDRESS			6.4 CITY-ST-ZIP				
14. Ldo hereby	certify that the information supplied	with this filing is voluntarily furnish	ed and does not qua	alify for	the exemption stated in Section 119	9.07(3)(k), Florida	Statutes, I furthe
and the sale of a	the information indicated on this ann am an officer or director of the core Block 12 or Block 13 if that ged or	ual raced or eupolemental appua	l romant le trus and ac	~∧ırata	and that my signature shall have the	a same legal elle	koi as il made une
SIGNATI	URE: Alak Alak	PRINTED NAME OF SIGNING OFFICER	Lex Diez	H	tes 4-12-96	407-1	91-5058