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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000075992 (5)

RAFAEL & SON JANITORIAL SERVICES. INC.

Principal Place of Business Mailing Address 8410 S.W. 27TH STREET 8410 S.W. 27TH STREET MIAMI FL 33155-2302 **MIAMI FL 33155** 3. Date Incorporated or Qualified 3a, Date of Last Report 05/01/1996 10/17/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0530325 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Country Zip Zio 8. This corporation has liability for intangible tay under s. 199.032, Yes Yo 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **OLARTECOECHEA, RAFAEL** 81 Name 8410 S.W. 27TH STREET **B2** Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33155** В3 84 City Zip Code 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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change \_\_\_ Addition TIFLE 1.1 TIFLE OLARTECOECHEA, RAFAEL 12 NAME NAME 8410 S.W. 27TH STREET 1.3 STREET ADDRESS STREET ADDRESS **MIAMI FL 33155** 1.4 CITY - ST - ZIP CITY-ST-ZIP VD DELETE Change Addition THUE 2.1 TITLE OLARTECOECHEA, RAFAEL JR. NAME 2.2 NAME 8410 S.W. 27TH STREET STREET ADDRESS 2.3 STREET ADDRESS **MIAMI FL 33155** 2. 4 CITY - ST- ZIP CITY-ST-ZIP STD DELETE Change Addition TITLE 3.1 TITLE **OLARTECOECHEA, LOURDES** NAME 3.2 NAME 8410 S.W. 27TH STREET STREET ACORESS 3.3 STREET ADDRESS **MIAMI FL 33155** 3.4. CITY - ST- 2IP CITY- ST- ZIP DELETE Change Addition THEE 4.1 TITLE NAME 4. 2 NAME STREET ADORESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CHY-ST-ZIP DELETE TiTLE 5.1 TITLE Change Addition 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS CHY-\$1-20 5.4 CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME

**63 STREET ADDRESS** 

6.4 CITY-ST-ZIP

14. I do 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

SIGNATURE:

STREET ADDRESS

information indicated on this annual report or supplemental annual report is free 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.

FILED

Apr 25 1997 8:00am

Secretary of State