FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 AM 9:57

DOCUMENT # P94000088387 (3)

1. Corporation Name
MARIA'S CLEANING SERVICE, INC. OF SOUTH FLORIDA

Principal Place of Business	Mailing Address
4500 NW 24TH CT LAUDERDALE LAKES FL 33319	4500 NW 24TH CT LAUDERDALE LAKES FL 33319

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/06/1994
3a. Date of Last Report:

2. Principal Place of Business
21 4500 NW 34th Ct
22 Suite, Apt. #, etc.
23 City & State: Lauderdale Lakes
24 Zip: 33319 25 County: Broward

2a. Mailing Address
26 4500 NW 34th ct
27 Suite, Apt. #, etc.
28 City & State: Lauderdale Lakes
29 Zip: 33319 30 County: Broward

4. FEI Number: 65-0541811 ☐ 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

MARTINEZ MOLINA, ALEIDA
1500 CORDOVA ROAD
SUITE 202
FT LAUDERDALE FL 33316

10. Name and Address of New Registered Agent

81 Name: Martinez Molina & Sanders
82 Street Address (P.O. Box Number is Not Acceptable): 201 South Biscayne Blvd.
83: 328 Miami Center
84 City: Miami FL 85 Zip Code: 33131

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 _____ DATE
Signature, typed or printed name of registered agent, and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President	11 TITLE	☐ Change ☐ Addition
NAME	Claudia Salazar	12 NAME	
STREET ADDRESS	4500 NW 34th Court	13 STREET ADDRESS	
CITY ST ZIP	Lauderdale Lakes, FL 33319	14 CITY ST ZIP	
TITLE	Vice President	21 TITLE	☐ Change ☐ Addition
NAME	Maria Salazar	22 NAME	
STREET ADDRESS	4500 NW 34th Court	23 STREET ADDRESS	
CITY ST ZIP	Lauderdale Lakes, FL 33319	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

REMITTED BY MAY 1

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Claudia Salazar Claudia Salazar, President 5/1/95 (305)733-8547
SIGNATURE AND TYPED OR PRINTED NAME OF MDING OFFICER OR DIRECTOR — Date — Daytime Phone #

0433537 FP