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PROFIT CORPORATION ANNUAL REPORT

1997

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FLORIDA DEPARTMENT OF STATE

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May 08 1997 8:00am

Secretary of State

959 126 2720

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Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000006587 (6)

A TOUCH OF CLASS JANITORIAL SERVICES, INC.

Principal Place of Business Mailing Address 1451 W. CYPRESS CREEK ROAD. SUITE 300 FORT LAUDERDALE FL 33309-1999 1451 W. CYPRESS CREEK ROAD. SUITE 300 FORT LAUDERDALE FL 33309 3. Date Incorporated or Qualified 3a. Date of Last Report 01/25/1995 05/01/1996 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 65-0559208 26 Not Applicable 21 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 Trust Fund Contribution Added to Fees 23 28 Country Zφ Country 8. This corporation has liability for intangible tax under s. 199.032. Zip Yes 29 Florida Statutes 24 25 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name **AMERILAWYER** 343 ALMERIA AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) **CORAL GABLES FL 33134** 83 84 Zip Code City 85 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 Typied or printed name of registered agent and tille it applicable. (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13, 96/6) 12, DELETE Change 1.1 TITLE TITLE DECASTRO, FRANK 1.2 NAME NAME 1451 W. CYPRESS CREEK ROAD, SUITE 300 1.3 STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33309 1.4 CITY - ST - ZIP CITY-ST-ZIP Change DELETE Addition Tille 2.1 TITLE ROQUE, JEMMARIE 2.2 NAME NAM 1451 W. CYPRESS CREEK ROAD, SUITE 300 STREET ADDRESS 2.3 STREET ADDRESS FORT LAUDERDALE FL 33309 CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change ☐ Addition 3.1 TITLE THE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST-ZIP CITY - \$1 - ZIP DELETE Change Addition 51 TITLE TIFLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP QHY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAM STREET ADDRESS 6.3 STREET ADDRESS CHY-SI-ZIP 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 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 15 changed, or on an attachment with an address.

ER OR DIRECTOR