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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000018890

1. Corporation Name

BADARACCO HECTOR CLEANING SERVICE, INC.

Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90204 018 ***150.00



Principal Place	of Business	Mailing Add	Iress			(1881) EB1 (18 (B181 B1)) BB1() BB1() BB1() BB1() BB1() BB1() BB1()		
1065 94TH STREET. #103 BAY HARBOR FL 33154		1065 94TH STREET. #103 BAY HARBOR FL 33154						
DAT THIODON	12 00737	D/11 / 44.00				DO NOT WRITE IN THIS SPACE	Æ	
	,					3. Date Incorporated or Qualifed	ļ	
	•					03/08/1995		
2. Principal Pl	lace of Business	2a. Mailing	Address			4. FEI Number	Applied For	
21		26				65-0562058	Not Applicable	
Suite, Apt.	#. etc.		pt. #, etc.	_		\$8	.75 Additional	
22		27				5. Certificate of Status Desired	Fee Required	
City & State	9	City & S	State			6. Election Campaign Financing S	5:00 мау ве	
23		28				, , , , , , , , , , , , , , , , , , , ,	Added to Fees	
Zip	Country	Zip		Country		8. This corporation owes the current year Intangible	e	
24	25	29	30	5		Personal Property Tax.	es Kaj No	
	9. Name and Address of Curre	nt Registered Ag	jent			10. Name and Address of New Registered Agent	<u> </u>	
				81	Name			
BADARACCO, HECTOR						Jan (D.O. Day Number in Not Accordable)		
1065 94TH STREET, #103				82	Street A	ddress (P.O. Box Number is Not Acceptable)		
BAY HARBOR FL 33154				83	83			
				84	City	FL 85	Zip Code	
							ring its registered	
office or n	egistered agent or hoth in the State	of Florida, Such	change was auth	iorized by	the corpor	orporation submits this statement for the purpose of chang ration's board of directors. I hereby accept the appointmen	it as registered	
agent. I a	m familiar with, and accept the obliga	ations of, Section	607.0505, Florida	a Statutes.				
SIGNATURE	•							
	Signature, typed or printed name of registered age		(NOTE: Re		t signature rec	quired when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIF	TECTORS IN 12	
12.		ND DIRECTORS		13.				
TITLE	PV		☐ DELETE	1,1 TTLE			hange	
NAME	BADARACCO, HECTOR			1.2 NAME				
STREET ADDRESS	ADORESS 1065 94TH STREET, #103			1,3 STREET	ADDRESS			
CITY-ST-ZIP	BAY HARBOR FL 33154			1,4 CITY-S	Γ-ZIP			
TITLE	STD		DELETE	2.1 TITLE			change	
NAME	BADARACCO, HECTOR			2.2 NAME	}		\	
STREET ADDRESS	1065 94TH STREET. #103			2.3 STREET	ADDRESS			
City-st-zip	=BAY:HARBOR:FL 33154			2, 4 CITY-S	T-ZIP			
TITLE	- man i A		DELETE	3.1 TILE	====		Change Addition	
NAME				3.2 NAME	Ì			
	,			•,	ADDRESS		,	
STREET ADDRESS					i			
CITY-ST-ZIP			□ DELETE	3.4. CITY-S 4.1 TITLE	1-211	ПС	Change	
TITLE '	1		F" DEFEIC	#4.1 HILE	i i			

CITY-ST-ZIP 14. I 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 13 if changed, or on an attachment with an address, with all other like empowered.

4,3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

☐ DELETE

SIGNATURE:

NAME

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TED NAME OF SIGNING OFFICER OR DIRECTOR

Change

☐ Change

☐ Addition

Addition