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

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mostham
Secretary of State

	1990	DIVISION OF N	CONFORATIONS		
DOCUMENT # P95000024726 (8) 1. Corporation Name					
K & A	JANITORIAL SERVICES, IN	ic.			
				1 (1844) 10 (1940) 10 (1940) 10 (1940) 10 (1940) 10 (1940)	RIL BORRO FION OROLI IDERO NIGRO DILI RODI
Principal Place	of Business	Mailing Address			
1722 S.W. 84TH COURT 1722 S.W. 84TH CO		1722 S.W. 84TH COURT	ſ		
MIAMI FL 33155 MIAMI FL 33155		•			
				3. Date Incorporated or Qualified 3 03/28/1995	3a. Date of Last Report
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0610175	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		City & State		0.5	Fee Required
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for inta	·····
24	25	29	30	Fiorida Statutes	₽No
	g. Name and Address of Currer	nt Registered Agent	041	10. Name and Address of New Reg	stered Agent
4465446			81 Name		
MORALES, ANICIA			B2 Street Add	dress (P.O. Box Number is Not Acceptable)	
1722 S.W. 84TH COURT MIAMI FL 33155			63		
AMINAMI LI	L 33 133				
			84 City		85 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Spolion 607.0595, Florida Statutes.					
familiar wit	n, and accept the obligations of, Soci	ga. Such change was authorizer Ion 607.0595, Florida Statutes.	d by the corporation's boa	ard of directors. I hereby accept the appoint	merit as registered agent. I am
SIGNATURE _	incea Wo	rales An	leig Morg	ales	3/06/94
12.	signature, typed or printed name of registreed agent OFFICERS AN		E. Registered Agent signature require 13.	ed when reinstating? ADDITIONS/CHANGES TO OFFICE	DATE DIRECTORS IN 10
TITLE	D	DELETE	1. 1 TITLE	ADDITIONS/GRANGES TO OFFICE	Change Addition
NAME	MORALES, ANICIA	_	1.2 NAME		
STREET ADDRESS	1722 S.W. 84TH COURT		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33155		1.4 CITY-ST-ZIP		į
TITLE	D	☐ DEFELE	2 1 TITLE		Change Addition
NAME	MARRERO, KARLA		22 NAME		
STREET ADDRESS	14841 S.W. 155TH TERRACE		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33187	☐ DELÉTE	2 4 CITY - ST - ZIP 3 1 TITLE		Change Addition
NAME			3 2 NAME		
STREET ADDRESS			3.3. STREET ADDRESS	30000175	3113
CITY-ST-ZIP			34 CITY-ST-ZIP	30000175; -09/21/960107(****	8013
TITLE		☐ DELETE	4 1 TITLE	***200.00	☐ Change ☐ Addition
NAME			4.2 NAME ↓		
STREET ADDRESS			4.3 STREET ADDRESS	50000175 -03/21/96-0100 ***8.75	331 te
CITY-ST-ZIP		Dotter	4.4 CITY - ST - ZIP	<u></u>	
TITLE NAME		☐ DELETE	5. 1 TITLE		" Change
STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST- ZIP		ļ
TITLE		☐ DELETE	6. 1 TITLE		Change Addition
NAME			6.2 NAME		<u> </u>
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-S1-ZIP		
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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)(k). 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 estachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED WAME OF SIGNING OFFICER OR DIRECTOR

2/26/96 à

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