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Apr 07 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P95000050288 (6)

1. Corporation Name

HIGH GLOSS JANITORIAL & FLOOR RESTORATION SERVIC  
ES, INC.

Principal Place of Business

315 S.W. 194TH AVE.  
PEMBROKE PINES FL 33029  
US

Mailing Address

315 S.W. 194 AVE.  
PEMBROKE PINES FL 33029  
US

2. Principal Place of Business

2a. Mailing Address

21

Suite, Apt. #, etc.

26

Suite, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

9. Name and Address of Current Registered Agent

URQUIZA, JESUS  
445 SW 11TH ST STE 404  
MIAMI FL 33130

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature of the person named in the signature block and the filing fee.

(NOTE: Registered Agent signature required when registering.)

DATE

12.

OFFICERS AND DIRECTORS

TITLE

P

NAME

URQUIZA, JESUS

STREET ADDRESS

445 SW 114TH ST STE 404

CITY- ST- ZIP

MIAMI FL

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

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STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY- ST- ZIP

15 TITLE

16 NAME

17 STREET ADDRESS

18 CITY- ST- ZIP

19 TITLE

20 NAME

21 STREET ADDRESS

22 CITY- ST- ZIP

23 TITLE

24 NAME

25 STREET ADDRESS

26 CITY- ST- ZIP

27 TITLE

28 NAME

29 STREET ADDRESS

30 CITY- ST- ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 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)(g), 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 registered 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:

4. 3-98

954. 437- 0170

CR2E034 (10/97)