ANN	PROFIT PR	FLORIDA DEI Sand Secr DIVISION C	PARTMENT OF STATE 13 B. Mortham etary of State OF CORPORATIONS		
1. Corporati KEN' Principal Pla	S MAINTENANCE, CORP.	00060967 (3)		
14265 S.W MIAMI FL :	. 285TH TERRACE 33033	14265 S.W. 285TH T MIAMI FL 33033	ERRACE	3. Date Incorporated or Qualified	3a. Date of Last Report
	Place of Business	2a. Mailing Address		06/07/1995 4. FEI Number.	Applied For
21 Suite, Apt	#, etc.	Suite, Apt. #, etc.		65-0602018	Not Applicable
City & Sta	ite	City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30	This corporation has liability for Florida Statutes	intangible tax under s. 199.032.
	9. Name and Address of Currer	nt Registered Agent	B1 Name	10. Name and Address of New Re	Yes No gistered Agent
3	Bross, Richard W Esq 19 East 6th Street Bialeah Fl 33010		82 Street Add 83 84 City	fress (P.O. Box Number is Not Acceptab	85 Zip Code
agent. i a	to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obliga	2 and 607.1508, Florida State of Florida Such change was ations of, Section 607.0505, F	utes, the above-named corp authorized by the corporat lorida Statutes	poration submits this statement for the pulion's board of directors. I hereby accept	FL
SIGNATURE	Signature typed or printed name of registered age	nt and little if applicable (Ne	OTE Pagintered Agent signature requ	red when reinstaring)	DATE
12.	OFFICERS AN	D DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFIC	
NAME	DELGADO, JOSE I		1 1 TITLE 1 2 NAME		ERS AND DIRECTORS IN 12 Section 1
STREET ADDRESS CITY-ST-ZIP	14265 S.W. 285TH TERRACI	E	1.3 STREET ADDRESS		03/
TITLE	MIAMI FL 33033 VSD	DELETE	1 4 CHY-ST-ZIP 2 1 TITLE		Change Addition
NAME STREET ADDRESS	DELGADO, GILDA S	_	2.2 NAME		Orange Adminstr
CITY-ST-ZIP	14265 S.W. 285TH TERRACI MIAMI FL 33033		2 3 STREET ADDRESS 2 4 City - St - Zip		
TITLE		DELETE	31 TITLE		Change Addition
STREET ADDRESS			3 2 NAME 3 3 STHEET ADDRESS		
CITY - ST - ZIP			3.4 CITY - ST - ZIP		
TITLE NAME		☐ DELETE	41TITLE		Change Addition
STREET ADDRESS			4 2 NAME 4 3 STREET ADDRESS		
CITY-ST-ZIP TITLE		- Devere	44 CITY - ST - ZIP		
NAME		DELETE	517HTLE 52NAME		Change Addition
STREET ADDRESS			5 3 STREET ADDRESS		ļ
CITY-ST-ZIP TITLE		DELETE	5 4 CITY - ST - ZIP		
NAME		C DETELE	6.1 TITLE 52 NAME		Change Addition
STREET ADDRESS			63 STREET ADDRESS		
14. I do hereb	y certify that the information supplied	with this filing is voluntarily for	64 CITY-ST-ZIP	fy for the exemption stated in Section 11	0.07/20/13
further cer made und	tity that the information indicated on the er oath; that I am an officer or director	his annual report or supplem of the corporation or the rec	ental annual report is true a eiver or trustee empowered	fy for the exemption stated in Section 11 nd accurate and that my signature shall to execute this report as required by Ch	9.07(3)(k), Florida Statutes, I have the same legal effect as if
		changed, or on an attachme	nt with an address."		
SIGNATI	URE: X	PRINTED NAME OF SIGNING OFFICER		7/3/96	(305) 246-5947