

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION
 ANNUAL REPORT
 1996



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

DOCUMENT # **P95000066067 (6)**

1. Corporation Name:

JORGE RAMIREZ CLEANING SERVICES CO.



Principal Place of Business

Mailing Address

1255 W. 49TH PLACE, APT. A 117
 HIALEAH FL 33012

1255 W. 49TH PLACE, APT. A 117
 HIALEAH FL 33012

3. Date Incorporated or Qualified
08/24/1995

3a. Date of Last Report

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

29

30

4. FEI Number

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 190.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RAMIREZ, JORGE
1255 W. 49TH PLACE, APT. A 117
HIALEAH FL 33012

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 type for profit corp. of a stock agent and the if applicable

(the filer Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **Pres/Sec/Tre** DELETE

11 TITLE **Pres/Sec/Tre** Change Add or

NAME
 STREET ADDRESS
 CITY-ST-ZIP

12 NAME
 13 STREET ADDRESS
 14 CITY-ST-ZIP
Jorge Ramirez
1255 W 49 Place APT A-117
Hialeah, FL 33012

TITLE DELETE

21 TITLE Change Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

22 NAME
 23 STREET ADDRESS
 24 CITY-ST-ZIP

TITLE DELETE

31 TITLE Change Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

32 NAME
 33 STREET ADDRESS
 34 CITY-ST-ZIP

TITLE DELETE

41 TITLE Change Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

42 NAME
 43 STREET ADDRESS
 44 CITY-ST-ZIP

TITLE DELETE

51 TITLE Change Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

52 NAME
 53 STREET ADDRESS
 54 CITY-ST-ZIP

TITLE DELETE

61 TITLE Change Addition

NAME
 STREET ADDRESS
 CITY-ST-ZIP

62 NAME
 63 STREET ADDRESS
 64 CITY-ST-ZIP

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Jorge Ramirez
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/17/96

605
 490-7504

CR2E034 (3/96)