

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER JULY 28, 1993.
AMOUNT DUE ON OR BEFORE 7/28/93: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$400)

CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1. Name and Mailing Address of Corporation: **DOCUMENT # P95000089823**

CARIBBEAN SUPER PEST CONTROL, INC.
6252 NW 110 TERRACE
HIALEAH, FLORIDA 33012

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 3a. Date of Last Report

11/27/1995

4. FEI Number
65-0622444

Applied For
Not Applicable

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2

FILING FEE \$225.00 Annual Report \$61.25 + \$138.75 Corporation Supplemental Fee + \$25.00 Late Fee
MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

2. Mailing Address

2a. Principal Place of Business

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29 30

9. Name and Address of Current Registered Agent

Bacero, Dennis
6252 NW 110 Terrace
Hialeah, FL 33012

81 Name

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

83

84 City

85 Zip Code

FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508 or Sections 617.0502 and 617.1508, 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

DATE February 22/1996

NOTE: Registered Agent signature required when resigning.

12. OFFICERS AND DIRECTORS

11 TITLE D/P
12 NAME BACERIO, DENNIS
13 STREET ADDRESS 6252 NW 110 TERRACE
14 CITY-ST-ZIP HIALEAH, FL 33012

21 TITLE D/S
22 NAME BACERIO, PABLO
23 STREET ADDRESS 1821 NW 17 STREET
24 CITY-ST-ZIP MIAMI, FL 33125

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

13. CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

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***200.00

14. I 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. I further certify 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 or Chapter 617, Florida Statutes, and that my name appears in Block 12, Block 13 if a change, or on an attachment with an address.

SIGNATURE:

PRESIDENT

02/22/96

(104)

Date

Daytime Phone

02/22/96