


FILED

May 07 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS		May 07 1997 8:00am Secretary of State							
DOCUMENT # 1. Corporation Name P96000016039											
Principal Place of Business ALL IN ONE BEST MAINTENANCE, INC. 1951 S.W. 69th. Avenue #206 Pembroke Pines, Florida 33023-7605		Mailing Address Same		3. Date Incorporated or Qualified 2/19/1996 3a. Date of Last Report							
2. Principal Place of Business 21 State, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 State, Apt. #, etc. 27 City & State 28 Zip 29 Country		4. FEI Number 65-0643748 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. 199.032, Florida Statutes Yes No							
9. Name and Address of Current Registered Agent E. Siverio 7179 Pembroke Road Pembroke Pines, Florida 33023			10. Name and Address of New Registered Agent 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] DATE: 4/28/97											
12. OFFICERS AND DIRECTORS 12.1 DPST NAME: MARIO LOPEZ STREET ADDRESS: 1951 S.W. 69th. Avenue #206 CITY-STATE-ZIP: Pembroke Pines, Florida 33023 12.2 NAME: [ ] DELETE STREET ADDRESS: [ ] DELETE CITY-STATE-ZIP: [ ] DELETE 12.3 NAME: [ ] DELETE STREET ADDRESS: [ ] DELETE CITY-STATE-ZIP: [ ] DELETE 12.4 NAME: [ ] DELETE STREET ADDRESS: [ ] DELETE CITY-STATE-ZIP: [ ] DELETE 12.5 NAME: [ ] DELETE STREET ADDRESS: [ ] DELETE CITY-STATE-ZIP: [ ] DELETE						13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13.1 TITLE 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY-STATE-ZIP 13.5 TITLE 13.6 NAME 13.7 STREET ADDRESS 13.8 CITY-STATE-ZIP 13.9 TITLE 13.10 NAME 13.11 STREET ADDRESS 13.12 CITY-STATE-ZIP 13.13 TITLE 13.14 NAME 13.15 STREET ADDRESS 13.16 CITY-STATE-ZIP 13.17 TITLE 13.18 NAME 13.19 STREET ADDRESS 13.20 CITY-STATE-ZIP 700002180847 -05/16/97--01019--013 ***165.00 CS 5/7/97					
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 or changed or on an attachment with an address. SIGNATURE: [Signature] Mario Lopez DATE: 4/29/97 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #											

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