FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

May 19 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000018334 (8)

PRO CLI	ean & Maintenance, inc	,				
Principal Place	of Business	Mailing Address	Mailing Address			
18598 NORTHWEST 5TH STREET PEMBROKE PINES FL 33023		16598 NORTHWEST 5TH STREET PEMBROKE PINES FL 33028-1449				
					3. Date Incorporated or Qualified 3a. Date of Last Report 02/28/1996	
2. Principal Place of Business		2a. Mailing Address			4 FEI Number Applied Fo	r
21 1		26			65-0644124 Not Applica	
Sulte, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired See Required	վ
City & State		City & State			6. Election Campaign Financing \$5.00 May Be	
23)		[28]			Trust Fund Contribution C Added to Fees	
Zip Country		Zip Country		/	8. This corporation has liability for inlangible tax under s. 199.037	۶,
24 25		29	30		Florida Statutes Yes No	
	9. Name and Address of Curren	t Hegistered Agent	81	Name	10. Name and Address of New Registered Agent	
AMERILAWYER CHARTERED						
343 ALMERIA AVENUE CORAL GABLES FL 33134			82	Street Add	Iress (P.O. Box Number is Not Acceptable)	
, OON	NE GRUCCO I E 00 104		83			
•			84		Tee Live Co. de	
			04	City	FL 85 Zip Code	
11, Pursuant t office or re agent. La	to the provisions of Sections 607.050 egistered agent, or both, in the State in familiar with, and accept the obliga	2 and 607.1508, Florida Statu of Florida. Such change was ations of, Section 607.0505, F	ites, the above authorized b lorida Statute	e-named cor y the corpora s.	poration submits this statement for the purpose of changing its register ation's board of directors. I hereby accept the appointment as register	red bc
SIGNATURE	Signature typed or printed name of registered age	ot and title if applicable (NO	II : Healstered Ac	ent signature requ	uired when reinstating) DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	DELETE	7 1 1111[T.	Change Add	ition
NAME GAZITUA, JOHN L JR.			1.2 NAME			
STREET ADDRESS 16598 NORTHWEST 5TH STR		1		I ADORESS		
CITY-ST-ZIP TITLE	PEMBROKE PINES FL 33023 VSD	DELETE	2.1 MILE		Change Add	lition
NAME	GAZITUA, DANIEL W	[] percit	2.2 NAME		Change Mod	RIGH
STREET ADDRESS 16598 NORTHWEST 5TH STRE		ET		1 ADDRESS		
CITY-ST-ZIP PEMBROKE PINES FL 33023		- '	2. 4 CITY - S1 - ZIP			!
TALE	DELETE		3.1 TITLE		☐ Change ☐ Add	lition
NAME			3.2 NAME			
STREET ADDRESS				T ADURESS		
CITY-ST-ZIP			3.4 CITY-	S1-ZIP	Change Add	Sion
TITLE NAME			4.1 TITLE 4. 2 NAME		L Change L Add	.IIIQH
STREET ADDRESS				I AUDRESS		
CITY-ST-ZIP			4.4 CITY-			
TITLE			5.1 1111.8		☐ Change · ☐ Add	filion
NAME	AE .		5.2 NAME		·	
STREET ADDRESS	EET ADDRESS		53 STREE	I ADDRESS		
CITY-ST-ZIP			5.4 CITY-	ST - ZIP		
TITLE	DELETE		6.1 TITE	j	Change Ado	iition I
NAME			6.2 NAME			
STREET ADDRESS	A 1			I ADDRESS		
CITY-ST-ZIP	by certify that the information supplies	with this filing does not one	64 City lify for the ex-		ed in Section 119.07(3)(i). Florida Statutes. Hurther certify that the	
informatio Lam an ol	n Indicated on this arrival report or s flicer or director of the poration or	applemental annual report is the receiver or trustee empor on an attachment with an ac	true and acc wered to exe	urate and tha oute this repo	at my signature shall have the same legal effect as if made under oath; ort as required by Chapter 607, Florida Statutes; and that my name	that