

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

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Jun 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000021074 (5)

1. Corporation Name
HE'LL PROVIDE CLEANING SERVICE INC.



Principal Place of Business
7929 N.E. 1ST STREET
MIAMI FL 33138

Mailing Address
7929 N.E. 1ST STREET
MIAMI FL 33138-4305

3. Date Incorporated or Qualified 03/07/1996
3a. Date of Last Report

2. Principal Place of Business
21 1598 NE 170 Street
22 Suite, Apt. #, etc.

2a. Mailing Address
26 1598 NE 170 Street
27 Suite, Apt. #, etc.

4. FEI Number 65-064-6751
Applied For Not Applicable

23 No. Miami Beach, FL
28 No. Miami Beach, FL

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 33162 25 USA
29 33162 30 USA

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GERLUS, JEANINE
7929 N.E. 1ST ST.
MIAMI FL 33138

81 Name Marguerite Germain
82 Street Address (P.O. Box Number is Not Acceptable) 1598 NE 170 Street
83
84 City No. Miami Beach FL 85 Zip Code 33162

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 Marguerite Germain
Signature typed or printed name of registered agent and title if applicable

4-28-97
DATE

12. OFFICERS AND DIRECTORS		
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GERLUS, JEANINE	
STREET ADDRESS	401 N.E. 121ST ST.	
CITY-ST-ZIP	MIAMI FL 33161	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	D/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Marguerite Nicaise	
1.3 STREET ADDRESS	1598 NE 170th Street	
1.4 CITY-ST-ZIP	No. Miami Beach, FL 33162	
2.1 TITLE	D/P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Creg Germain	
2.3 STREET ADDRESS	1598 NE 170th Street	
2.4 CITY-ST-ZIP	No. Miami Beach, FL 33162	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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 if changed, or on an attachment with an address.

SIGNATURE Marguerite Nicaise
Signature typed or printed name of registered agent and title if applicable

CP2E034 (9/96)