

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION  
ANNUAL REPORT  
1998



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

FILED  
Sep 28 1998 8:00am  
Secretary of State

DOCUMENT # P96000022920 (8)  
1. Corporation Name  
PAVILION MAINTENANCE SERVICES, INC.

Principal Place of Business  
5601 COLLINS AVE., STE. CU-50  
MIAMI BEACH FL 33140

Mailing Address  
5601 COLLINS AVE., STE. CU-50  
MIAMI BEACH FL 33140



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/13/1996	3a. Date of Last Report
4. FEI Number 65-0649565	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
1 Suite, Apt. #, etc.	26 Suite, Apt. # etc.
2 City & State	27 City & State
3 Zip	28 Zip
Country	Country
25	30

9. Name and Address of Current Registered Agent  
MASEDA, LUIS D  
5601 COLLINS AVE., STE. CU-50  
MIAMI BEACH FL 33140

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

I, 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

2. OFFICERS AND DIRECTORS	
TITLE	DPT <input type="checkbox"/> DELETE
NAME	MASEDA, LUIS D
STREET ADDRESS	5601 COLLINS AVE., STE. CU-50
CITY- ST- ZIP	MIAMI BEACH FL 33140
TITLE	DS <input type="checkbox"/> DELETE
NAME	MASEDA, CARMEN
STREET ADDRESS	5601 COLLINS AVE., STE. CU-50
CITY- ST- ZIP	MIAMI BEACH FL 33140
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
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	

3000002650933  
-09/29/98--01014--008  
\*\*\*150.00

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 supplement to 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 and that I am duly 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 if added with an address.

CR2E034 (4/97)

**PAVILION MAINTENANCE SERVICES INC.**

5601 COLLINS AVE. STE. CU-15  
MIAMI BEACH, FL 33140

Phone (305)-868-4430  
Fax (305)-868-5779

SEPTEMBER 18, 1998

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
P.O. BOX 6327  
TALLAHASSEE, FLORIDA, 32314

TO WHOM IT MAY CONCERN:

DURING APRIL 1998, WE MAILED A CORRECTED COPY OF THE 1997 PROFIT CORPORATION ANNUAL REPORT WITH CHECK # 1068 DATED 3/24/98 FOR \$150.00. WE HAD TO FILE THIS WAY BECAUSE WE HAVE NOT RECEIVED THE ORIGINAL 1998 FORM NOR THE ADDITIONAL FORM REQUESTED BY PHONE FROM YOUR DEPARTMENT.

WHILE PERFORMING THE BANK RECONCILIATION WE NOTICE THAT THIS CHECK WAS STILL OUTSTANDING. I CALLED YOUR OFFICE AND WAS INFORMED THAT THE CHECK AND FORM WERE RETURNED TO MY OFFICE TO BE SIGNED IN THE PROPER BOX. HOWEVER, WE DID NOT RECEIVED IT.

I QUESTION THE PERSON WHO DELIVERS THE MAIL IN OUR BUILDING AS TO NOT RECEIVING THE SEVERAL IMPORTANT MAIL. HE ANSWERED THAT THE POST OFFICE REJECTS AUTOMATICALLY ANY MAIL WITH THE CU-50 NUMBER IN IT. BECAUSE THEY DO NOT HAVE THAT NUMBER IN THE COMPUTER. PREVIOUSLY HE DELIVERED ANY MAIL WITH THE CU-50 NUMBER BECAUSE HE NEW THAT THE POSTAL NO. IS CU-15.

WITH THIS LETTER I AM INCLUDING CHECK # 1077 FOR \$150.00 DATED 8/28/98 AND REQUESTING A CHANGE OF MAILING FROM CU-50 TO CU-15.

WE WOULD APPRECIATE THAT YOU INFORME US OF ANY PROBLEM REGARDING THIS FILING BY COLLING TOLL FREE TO LUIS OR CARMEN MASEDA AT 1-800-624-8580

THANK YOU VERY MUCH FOR YOU ATTENTION TO THIS MATTER.

Sincerely,

  
LUIS D. MASEDA

PRESIDENT