


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

FILED

May 16 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 # P96000036375 (9)			
1. Corporation Name D & G BEST CLEANING AND MAINTENANCE INC.			
Principal Place of Business 1335 SW 86 CT. MIAMI FL 33144		Mailing Address 1335 SW 86 CT. MIAMI FL 33144-4038	
2. Principal Place of Business 21 4856 S.W. 19th Street Suite, Apt. #, etc.		2a. Mailing Address 26 Same as place of business Suite, Apt. #, etc.	
22 City & State 23 Ft. Lauderdale, Florida		27 City & State 28	
24 Zip 33317		29 Country Broward	
25		30	
9. Name and Address of Current Registered Agent ORTIZ, GREGORY J. 1335 SW 86 CT. MIAMI FL 33144		10. Name and Address of New Registered Agent 81 Name JOEL ORTIZ 82 Street Address (P.O. Box Number is Not Acceptable) 4856 S.W. 19th. Street 83 84 City Ft. Lauderdale, FL 85 Zip Code 33317	
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 <i>[Signature]</i> DATE 4-30-97			
12. OFFICERS AND DIRECTORS			
TITLE	PT	<input checked="" type="checkbox"/> DELETE	
NAME	ORTIZ, GREGORY J.		
STREET ADDRESS	1335 SW 86 CT.		
CITY-ST-ZIP	MIAMI FL 33144		
TITLE	S	<input checked="" type="checkbox"/> DELETE	
NAME	ORTIZ, DAVIS J		
STREET ADDRESS	6200 SW 10 ST.		
CITY-ST-ZIP	MIAMI FL 33155		
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	DPST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
3.2 NAME	JOEL ORTIZ		
3.3 STREET ADDRESS	4856 S.W. 19th. Street		
3.4 CITY-ST-ZIP	Ft. Lauderdale, Florida 33317		
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: <i>[Signature]</i> JOEL ORTIZ, President DATE: 4-30-97			



CR2E034 (9/96)