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

PROFIT CORPORATION ANNUAL REPORT



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORFORATIONS

1998
DOCUMENT #

P96000036375 (9)

D & G BEST CLEANING AND MAINTENANCE INC.

FILED Apr 21 1998 8:00am Secretary of State

(454) 292 3366

Principal Place of Business Mailing Address						
4856 S.W 19TH ST. FT. LAUDERDALE FL 33317 US		4856 S.W. 19TH STREET FT LAUDERDALE FL 33317 US				DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified 04/26/1996
2. Principal Pl	lace of Business	2a. Mailing Address				4. FEI Number Applied For
21		26				65-0661620 Not Applicable
Suite, Apt. #, etc		Suite, Apt. #, etc.				5. Certificate of Status Desired Serviced Fee Required
City & State		City & State				6. Election Campaign Financing \$5.00 May Be
Zip Country		Z _{ID} Country			Trust Fund Contribution	
24	25	29	30	·¬		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
	9, Name and Address of Current Regi		- · · · · · · · · · · · · · · · · · · ·			10. Name and Address of New Registered Agent
OR	TIZ, JOEL			81	Name	
4856 S.W. 19TH ST			•	82	Street Addre	ess (P.O. Box Number is Not Acceptable)
FT.	LAUDERDALE FL 33317		ļ			
				83		
				84	City	85 Zip Code
44 Purcuant	to the provisions of Sections 607 (1502 and 607 1508 Florida	Statutes the at		named come	pration submits this statement for the purpose of changing its registered
office or re	egi ster ed agent, or both, in the St	ate of Horida. Such change	e was authorized	i by	the corporation	on's board of directors. I hereby accept the appointment as registered
, ,	m familiar with, and accept the ob	праволя от, Бесной бол ос	ous, monda star	UICS	S.	
SIGNATURE	Signature: Typied or product name of registers (राज्यते संस्था (एक तो स्वृत्योगकोते)	(NOTE: Registered	í Age	ent signature require	d when reinstating) DAR
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
THILE	DPST	[_] DELE	TE 1,1 T()	ILF.		Change Addition
NAME	ORTIZ, JOEL		1.2 NA	ME		
STREET ADDRESS	4856 S.W. 19TH ST				ADDRESS	
CITY-ST-ZIP TITLE	FT. LAUDERDALE FL	DELE		1.4 CITY - ST - ZIP 2.1 TITLE		Change Addition
NAME		band Direction		2 2 NAME		
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP				2 4 CHY-ST-7IP		
TITLE		DELE				Change Addition
NAME			3.2 NA	ME		
STREET ADDRESS			3 3 ST	REFT	ADDRESS	
CITY-ST-ZIP			3.4 CI	1Y-S	ST-ZIP	
TITLE		L_] DELE	:TE 4.1 TIT	LE		Change Addition
NAME			4.2 N/	4ME		
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP				4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
TITLÉ NAME		L_ DELE	5.1 III			Citalife / Nontroll
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP						
TITLE	DELE			5.4 CHY-ST-ZIP 6.1 TITLE		Change Addition
NAME			G.2 NA	ME		
STREET ADDRESS			6.3 ST	REE 1	ADDRESS	
CITY-ST-ZIP			6.4 CI	IY - S	1 - ZIP	
indicatód	on this groups traver or considerate	ustal augural remort is true o	nd accurate and	4 she	at mu sinnaturi	Section 119.07(3)(i), Florida Statutes. I further certify that the information e shall have the same logal effect as if made under cath; that I am an
officer or of Block 12 of	director of the corporation or the nor Block 13 if changed, or on we	ecever or trustee empower tacyment with an address	red to execute ti	his	report as requi	ried by Chapter 607, Florida Statutes; and that my name appears in