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FILED
Apr 29 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 # P96000053171 (0)

1. Corporation Name
CUBATICO JANITORIAL SERVICE INC.



Principal Place of Business
4972 CLINTON BOULEVARD
LAKE WORTH FL 33463

Mailing Address
4972 CLINTON BOULEVARD
LAKE WORTH FL 33463-2269

3. Date Incorporated or Qualified
06/20/1996

3a. Date of Last Report

2. Principal Place of Business

21 1412 Old Okeechobee
Suite, Apt. #, etc.

22 RD. Apt # 1
City & State

23 West Palm Beach FL
Zip Country

24 33401

25 U.S.A

2a. Mailing Address

26 1412 Old Okeechobee
Suite, Apt. #, etc.

27 RD. Apt # 1
City & State

28 W.P.B FL
Zip Country

29 33401

30 U.S.A

4. FEI Number

65-0674492

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CAMPOS, HEINER
4972 CLINTON BOULEVARD
LAKE WORTH FL 33463

10. Name and Address of New Registered Agent

81 Name

HEINER CAMPOS

82

Street Address (P.O. Box Number is Not Acceptable)

83

1412 Old Okeechobee Rd.

84

West Palm Beach Apt # 1

FL

85 Zip Code

33401

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 *Heiner Campos*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME CAMPOS, HEINER
STREET ADDRESS 4972 CLINTON BOULEVARD
CITY-ST-ZIP LAKE WORTH FL 33463

TITLE D ☒ DELETE

NAME CAMPOS, MAJOR
STREET ADDRESS 4972 CLINTON BOULEVARD
CITY-ST-ZIP LAKE WORTH FL 33463

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY-ST-ZIP

5. TITLE

6. NAME

7. STREET ADDRESS

8. CITY-ST-ZIP

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-ST-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-ST-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-ST-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption 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

Heiner Campos

Director

4-21-97 15:01:17 0077

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