


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

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PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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FILED

98 OCT 15 AM 10:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P96000053171**
1. Corporation Name
Cubahio Janitorial Service, Inc.

Principal Place of Business Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2. Principal Place of Business 21 600 NOTHINGAM CIRCLE. Suite, Apt. #, etc. 22 City & State 23 LAKE WORTH, FLORIDA Zip 24 33463 25 Country	2a. Mailing Address 26 SAME Suite, Apt. #, etc. 27 SAME City & State 28 SAME Zip 29 SAME 30 Country	4. FEI Number 65-0674492 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 type="checkbox"/> No
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9. Name and Address of Current Registered Agent

HEINER CAMPOS
600 NOTHINGAM CIR.
LAKE WORTH, FL 33463

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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, President Heiner Campos 10/12/98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CAMPOS, HEINER 600 NOTHINGAM CIRC. LAKE WORTH, FL 33463 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	500002666515-11-11-11 -10/19/98--01034--005 ****150.00 ****150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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: Heiner Campos, President Heiner Campos 10/12/98 561-874-6040
Signature, typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (5/98)

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CUBATICO JANITORIAL SERVICE INC.

600 NOTHINGAN CIR. APT D, LAKE WORTH, FL 33463

WEST PALM BEACH, SEPTEMBER 24TH, 1998

DIVISION OF CORPORATION

P. O. BOX 6327

TALLAHASSEE, FL 32314

RE: CUBATICO JANITORIAL SERVICE INC.

ANNUAL REPORT

65-0674492

TO WHOM IT MAY CONCERN:

I, HEINER CAMPOS, PRESIDENT OF CUBATICO JANITORIAL SERVICE INC, HEREBY AFFIRM THAT I COULDN'T SEND THE ANNUAL REPORT FOR THE YEAR 1997, BECAUSE I MOVED THE OFFICE TO ANOTHER PLACE, AND I NEVER RECEIVED THE FORM, I APOLOGIZE FOR THE INCONVINIENCE, BUT I WAS NOT AWARE ABOUT WHAT I SHOUL DO.

I AM SENDING A CHECK FOR THE TOTAL AMOUNT OF \$150.00 TO BE FILED, AS I WAS TOLD BY PHONE, AND IF YOU NEED ANY ADDITIONAL INFORMATION, PLEASE DON'T HESITATE TO ASK ME.

SINCERELY,



HEINER CAMPOS

PRESIDENT.

CUBATICO JANITORIAL SERVICE INC.,

NEW ADDRESS IS:

600 NOTHIGAN CIR. APT D

LAKE WORTH, FL 33463