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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P96000058278 (8)

INSECT-ASIDE PEST CONTROL SERVICES, INC.

FILED Apr 02 1998 8:00am Secretary of State



	e of Business	Mailing Address			1 100110001 120 10210 02111 00111 00111 001			
13145 SW 22 ST. MIAMI FL 33175		13145 SW 22 ST. MIAMI FL 33175			}			
					DO NOT WRITE IN THIS SPACE			
ì					3. Date Incorporated or Qualified	IN THIS S	PACE	
}					07/11/1996			
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number			Applied For
21		26			65-0732174			Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	······	<del></del>				Additional
22		27			Certificate of Status Desired		Fee	Required
City & Stat	6	City & State			6. Election Campaign Financing	_		<b>0</b> May Be
23	<del></del>	28			Trust Fund Contribution	Ц		d to Fees
Zip	Country	Zip	Country		8. This corporation owes or has pai	_		
24	9, Name and Address of	29 Current Registered Agent	30		Personal Property Tax due June  10. Name and Address of New Reg		Yes	No
		Contain registered Agent	81	Name	To. Harrie and Address of Hew Hey	giotor ou r	Sour	
	JAREZ, ANTONIO							
	145 <b>S</b> W 22 ST. AMI FL 33175		82	Street Add	dress (P.O. Box Number is Not Acceptab	le)		
Į Mil	MMI FL 331/3		83				<del></del>	
			84	City		FL	85   Z	p Code
11. Pursuant	to the provisions of Sections 6	07.0502 and 607.1508. Florida Statut	tes, the above	-named con	poration submits this statement for the p		changing	its registered
office or r	egistered agent, or both, in the	e State of Florida, Such change was a philipations of Section 607 0505. File	authorized by	the corpora	poration submits this statement for the patient's board of directors. I hereby accept	t the appo	pintment :	ás registered
agon. ra	THE TANKS WITH, AND ADDOPT THE	Conganona bi, Cochen Coi :0000, i ii	oriou otatolog	•				
ALCOHOL: NO.								
SIGNATURE	Signature, typed or printed name of regist	lered agent and title if applicable. (NOT	E Registered Ager	nt signature requ	ired when reinstating)	DATE		
SIGNATURE	OFFICE	RS AND DIRECTORS	E Registered Ager	nt signature requ	ored when reinstating)  ADDITIONS/CHANGES TO OFFIC			
	OFFICER <b>DP</b>		<del></del> _	nt signature requ			DIRECTI	
12.	OFFICER DP SUAREZ, ANTONIO	RS AND DIRECTORS	13.	nt signature requi				
12. TITLE	OFFICER DP SUAREZ, ANTONIO 13145 SW 22 ST.	RS AND DIRECTORS	13. 1,1 TITLE					
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICER DP SUAREZ, ANTONIO 13145 SW 22 ST. MIAMI FL 33175	RS AND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 TREET / 1.4 TTY-ST	ADDRESS		ERS AND	Chang	e Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICER DP SUAREZ, ANTONIO 13145 SW 22 ST. MIAMI FL 33175 DV	RS AND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 TREET / 1.4 TTY-ST 2.1 TLE	ADDRESS		ERS AND		e Addition
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICER DP SUAREZ, ANTONIO 13145 SW 22 ST. MIAMI FL 33175 DV SUAREZ, RAQUEL 13145 SW 22 ST.	RS AND DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 TREET / 1.4 TTY-ST 2.1 TLE	ADDRESS -		ERS AND	Chang	e Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICER DP SUAREZ, ANTONIO 13145 SW 22 ST. MIAMI FL 33175 DV SUAREZ, RAQUEL	RS AND DIRECTORS  DELETE  DELETE	13. 1.1 TITLE 12 DAME 13 TREET / 1.4 TTY-ST 21 TLE 22 AME 23 TREET / 2.4 TTY-ST	ADDRESS (- ZIP		ERS AND	Chang Chang	e Addition
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICER DP SUAREZ, ANTONIO 13145 SW 22 ST. MIAMI FL 33175 DV SUAREZ, RAQUEL 13145 SW 22 ST.	RS AND DIRECTORS	13. 1.5 TITLE 12 NAME 1.3 TREET / 1.4 TY-ST 2.1 TLE 2.2 AME 2.3 TREET / 2.4 ETY-ST 3.1 TLE	ADDRESS (- ZIP		ERS AND	Chang	e Addition
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12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	OFFICER DP SUAREZ, ANTONIO 13145 SW 22 ST. MIAMI FL 33175 DV SUAREZ, RAQUEL 13145 SW 22 ST.	RS AND DIRECTORS  DELETE  DELETE	13. 1.7 TITLE 12 NAME 1.3 TREET / 1.4 TY-ST 2.1 TLE 2.2 NAME 2.3 TREET / 2.4 TITY-ST 3.1 TLE 3.2 NAME 3.3 PLET /	ADDRESS - ZIP  ADDRESS T- ZIP  ADDRESS		ERS AND	Chang Chang	e Addition
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14. I hereby certify that the information supplied with this filling 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 chapted, open an attachment with an address

SIGNATURE:

03-30-98

305-55-Prp