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

**PROFIT CORPORATION ANNUAL REPORT** 

1998

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P96000087823 (6) DOCUMENT # 1. Corporation Name

A & D LANDSCAPING AND CLEANING SERVICES, INC.

Principal Place of Business Mailing Address 474 E 57 ST 474 E 57 ST HIALEAH FL 33013 HIALEAH FL 33013 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>10/23/1996</u> 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0701619 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Žip Country Zip Country 8. This corporation owes or has paid the current year Intangible **12** Yes Personal Property Tax due June 30. 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name MOREJON, ALEJANDRO 474 E 57 ST Street Address (P.O. Box Number is Not Acceptable) HIALEAH FL 33013 83 Zip Code 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. (NOTE: Registered Agont signature required when reinstating) Signature, typed or printed name of registered agent and tire if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12, OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.1 TITLE MOREJON, ALEJANDRO NAME 1.2 NAME 474 E 57 ST 1.3 STREET ADDRESS STREET ADDRESS HIALEAH FL 33013 CITY-ST-ZIP 1.4 CITY-ST-ZIP Change ☐ DELE**TE** Addition 2.1 TITLE TITLE TORRES, DOMINGO NAME 2.2 NAME 474 E 57 ST 2.3 STREET ADDRESS STREET ADDRESS HIALEAH FL 33013 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP □ DELETE Change Addition 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 City - St - ZiP CITY-ST-ZIP DELETE Addition 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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.

**FILED** 

Mar 24 1998 8:00am

Secretary of State