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

PROFIT CORPORATION ANNUAL REPORT 1999

MIAMI FL 33161



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Mar 26, 1999 8:00 am Secretary of State

03-26-1999 90030 027 ***150.00

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BAIRES PC	OOL CARE, INC.		् 					
Principal Place of		Mailing Address						
13925 SOUTH BIS	CAYNE RIVER DR.	13925 SOUTH BISCA' MIAMI FL 33161	THE HIVER DR	•		1		
MIAMI FL 33161		MIAMI PL 33161					DO NOT WRITE	
)						3.	Date Incorporated or Qualifed 02/17/1997	I
2. Principal Place	e of Business	2a. Mailing Address			 	4.	FEI Number	
21		26					65-0728456	
Suite, Apt. #,	etc.	Suite, Apt. #, etc).			5.	Certificate of Status Desired	
City & State		City & State		-		6.	Election Campaign Financing Trust Fund Contribution	
Zip	Country	Zip	Cou	intry		8.	This corporation owes the cur	rrent y
24	25	29	30				Personal Property Tax.	
		rrent Registered Agent				10.	Name and Address of New	Regis
<u> </u>	0. 114			81	Name			
MORE 13925	iti, daniel a South Biscayne River	DR.		82	Street Addre	ess'(f	O. Box Number is Not Accep	table)

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Applied For

Fee Required \$5.00 May Be

Added to Fees

□No

Not Applicable \$8.75 Additional

DO NOT WRITE IN THIS SPACE

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

				85 Zip Code				
		84	City	FL 85 Zip Code	1			
	AND AND AND AND AND COMMISSION Statuton	ho above	named co	expension submits this statement for the purpose of changing its registere	ď			
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 [Viscolar band or scinted came of registered grent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE								
Signature, types of princed largest and Diffections in 12								
12.	p DELETE	1.1 TITLE		Change Add	iition			
TITLE)		1.2 NAME						
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NAME		6.2 NAME	<u>_</u>		J			
STREET ADDRESS		6.3 STREET			Ì			
CITY-ST-ZIP		6.4 CITY-S		- Code 110 07/2VI) Florido Statutos I further certify that the information				
14. I hereby	certify that the information supplied with this filing does not qualify for th	e exempti	ion stated i	in Section 119.07(3)(i), Florida Statutes. I further certify that the information about have the same legal effect as if made under cath, that I am an				

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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 all 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, with all other like empowered.

SIGNATURE: