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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90062 022 ***158.75

DOCUMENT # P97000049744

1. Corporation Name

JOSE CLEANING SERVICE CORP

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Principal Place	of Business		Ma	ailing	Address			_		7	(48841884 118 38414 48814 88414 88414		****	****	********	,
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										1	3. Date Incorporated or Qualifed					- }
										4	06/05/1997					\dashv
2. Principal Place of Business				2a. Mailing Address						1	4. FEI Number		\vdash		ed For	
21				26						4	<u>65-0777322</u>		-		Applicab	<u>e</u>
Suite, Apt. #, etc.				Suite, Apt. #, etc.							5. Certifcate of Status Desired			(D) Add e Requ	ditional	ļ
22				27						4				<u>`</u>		
City & State				City & State							6. Election Campaign Financing			00 м		
23				28							Trust Fund Contribution			ded to	rees	\dashv
Zip	٠,	Country	\vdash	Zip			Country	У			8. This corporation owes the curre	nt year Inta		г	TAIL	
24	25			9 . 30							Personal Property Tax. Yes No.				1100	\dashv
	9. Name	and Address of Curre	nt Regis	stere	d Agent		·	-		1	O. Name and Address of New Ki	gistereo	4geni			\dashv
044	/EDD4 100	^					81	'	Name							Ì
	VEDRA, JOS						82	2	Street Addre	ess	(P.O. Box Number is Not Acceptal	ole)				\neg
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NOR	th Miami F	EL 33181					83	3								
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office or re agent. I as	egistered age m familiar wit	ent, or both, in the State th, and accept the oblig or printed name of registered ag	e of Flori	da. S f, Sed	ction 607.0	ge was auth)505, Florida	orized by a Statute	y tr :S.	he corporation	on s	tion submits this statement for the p board of directors. I hereby accept en reinstating)	the appoir	itment a	ıs regis	stered	
12.		OFFICERS A	ND DIRE	ECTO	ORS		13				ADDITIONS/CHANGES TO OFF	ICERS AN				
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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 on an attachment with an address, with all other like empowered. CITY-ST-ZIP

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS