Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90266 045 ***150.00

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

DOCUMENT # P97000057409

1. Corporation Name

W & S (CLEANING	SERVICES, INC	I Is									
Principal Place	o of Busines		Mailir	ng Address					I NDIKI BILIF IN		98110 1811 1881	
•	AH FL 33012 rincipal Place of Business uite, Apt. #, etc.			WEST 44TH PLACE								
1975 WEST 44TH PLACE 1975 WEST 44 SUITE A508 SUITE A508									,			
HIALEAH FL 33012 HIALEAH FL 33012								DO NOT WRITE IN THIS SPACE				
								3. Date Incorporated or Qualifed	-		_	
								07/01/1997				
2. Principal P	lace of Busin	ess	2a. M	lailing Address	_			4. FEI Number		Ap	plied For	
21								65-0765072	<u> </u>	- No	t Applicable	
Suite, Apt. #, etc.			s	Suite, Apt. #, etc.				5. Certifcate of Status Desired		-	Additional	
22			27					J. Certificate of Status Desires		ee Re	quired	
City & State				City & State				6. Election Campaign Financing	•		May Be	
23			28					Trust Fund Contribution		dded t	to Fees	
Zip		Country	Zi	ip	Count	У		8. This corporation owes the current ye				
24			29					1 Oldertal Populy Cont			□No	
	9. Name	and Address of Curre	ent Register	red Agent		<u>.</u> T		10. Name and Address of New Regist	ered Agent		_	
14/A D	DEN LI CI	A DIV			8	וי	Name					
WARREN H CLARK 1975 W 44TH PL #A508							Street Addre	ess (P.O. Box Number is Not Acceptable)			_	
						4						
HIAL	EAH FL 33	012			8	3						
					8	4	City		85	Zip (Code	
						- 1	•	· · · · · · · · · · · · · · · · · · ·	FL			
11. Pursuant office or nagent. La			_					oration submits this statement for the purpon's board of directors. I hereby accept the		ing its Las rei	registered gistered	
	Signature, typed	or printed name of registered ag		· · · · · · · · · · · · · · · · · · ·		ent	signature required		TE .	FCTC	DC IN 12	
12.	00	OFFICERS A	ND DIRECT	DELETE	13.		<u> </u>	ADDITIONS/CHANGES TO OFFICE		hange	· Addition	
TITLE	PD	NET OFFICIO 4		□ nere ie	1.1 TITLE					nange		
NAME		DEZ, SERGIO A			1.2 NAME							
STREET ADDRESS	ľ	ST 44TH PLACE			1.3 STRE	ET.	ADDRESS					
CITY-ST-ZIP		FL 33012				1.4 CITY-ST-ZIP		<u> </u>			Addition	
TITLE	STD			☐ DEFE IF	2.1 TITLE				П,	hange		
NAME		VARREN H			2.2 NAME							
STREET ADDRESS	1	ST 44TH PLACE					ADDRESS		- : .	· · . <u>-</u>	ا : ا	
CITY-ST-ZIP	HIALEAH	FL 33012			2. 4 CITY		r-zip				☐ Addition	
TITLE				☐ DELETE	3.1 TITLE		ì		П	hange		
NAME					3.2 NAME		l					
STREET ADDRESS					3.3 STRE	ET.	ADDRESS					
CITY-ST-ZIP					3.4. CITY		r-ZIP					
TITLE				☐ DELETE	4.1 TITLE				Π¢	hange	Addition	
NAME					4. 2 NAM	Ε						
STREET ADDRESS					4.3 STRE	ET.	ADDRESS					
CITY-ST-ZIP					4.4 CITY-	ST	- ZIP		<u>·</u>			
TITLE				☐ DELETE	5.1 TITLE				. Па	hange	Addition	
NAME					5.2 NAME							
STREET ADDRESS							ADDRESS					
CITY-ST-ZIP		· · · · · · · · · · · · · · · · ·			5.4 CITY-		-ZiP	<u></u>				
TITLE				☐ DELETE	6.1 TITLE				Пс	hange 1	- Addition	
					■ K2NAM	-	1					

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 of 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR