## 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 # P9700086502

1. Corporation Name

GENERAL SERVICES GROUP, INC.

## **FILED** Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90029 049 \*\*\*150.00

21 Salue 26 77 7 W . 7 St 65-0787993 Not Suite, Apt. #, etc. Suite, Apt. #, etc. 27 # 80 State 6. Election Campaign Financing St.00 St.00 State Salue State Salue State State Salue St.00	olied For Applicable dditional quired May Be
DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed 10/07/1997  2. Principal Place of Business 22. Mailing Address 24. Mailing Address 25. Certifcate of Status Desired 26. V. O. W. 75  Suite, Apt. #, etc. 27. # 80  City & State 28. City & State 29. Country 29. Suite, Apt. # acc. 29. Country 20. Country 21. Country 22. Country 23. Country 24. Country 25. Certifcate of Status Desired 26. Election Campaign Financing 27. Trust Fund Contribution 28. This corporation owes the current year Intangible 29. Principal Place of Business 20. Do NOT WRITE IN THIS SPACE 30. Apr. # apr. 30. Date Incorporated or Qualifed 10/07/1997  4. FEI Number 65-0787993  5. Certifcate of Status Desired 6. Election Campaign Financing 7. Trust Fund Contribution 7. Added to 7. Country 8. This corporation owes the current year Intangible 7. Personal Property Tax.	Applicable dditional quired May Be
DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualifed 10/07/1997  2. Principal Place of Business 2a. Mailling Address 25	Applicable dditional quired May Be
3. Date Incorporated or Qualifed 10/07/1997  2. Principal Place of Business 2a. Mailing Address 26 \ \text{VV \ N \ W \ 7} \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	Applicable dditional quired May Be
10/07/1997   2a. Mailing Address   2a. Mailing Address   4. FEI Number   65-0787993   Not	Applicable dditional quired May Be
2. Principal Place of Business 21	Applicable dditional quired May Be
21   Saluty   26   70   70   75   65-0787993   Not	Applicable dditional quired May Be
Suite, Apt. #, etc.  22  City & State  City & State  Zip  Country  Zip  Zip  Country  Zip  Zip  Country  Zip  Zip  Zip  Zip  Zip  Zip  Zip  Zi	quired May Be
City & State  28  City & State  28  City & State  28  Country  Country  29  33  20  Country  Country  20  Country  20  Country  20  Country  21  Country  22  Country  23  Country  24  25  Country  26  Country  27  Country  28  Country  29  33  20  Country  48  Country  Banch Contribution  Country  Banch Contribution  Added to Personal Property Tax.	May Be
23 Trust Fund Contribution Added to Zip Country 25 Zip Country 29 33/26 30 USA Personal Property Tax. Yes	
Zip Country Zip Country  24 25 29 33/26 30 USA 8. This corporation owes the current year Intangible Personal Property Tax. Yes	
24	1
	No
81 Name	1
SUAREZ, ERNESTO L  82 Street Address (P.O. Box Number is Not Acceptable)	
-1235 SW. 71 FT STREET #1 5055 NW 151 FF 80	) /
MIAMI-FL 33135	}
84 City # 85 Zip Q	ode .
Hi Qiii	
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 regagent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	jistered
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  OATE	
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES-TO-OFFICERS AND DIRECTOR	
TITLE PD DELETE 1.1 TITLE PI 1.1 TITLE PI 1.1 TITLE	☐ Addition
NAME SUAREZ, ERNESTO L 12 NAME SUARE Z ERNESTO &	
STREET ADDRESS 1235 SW. 7TH-STREET #1 1.3 STREET ADDRESS FOR NW. 7ST. #801	
CITY-ST-ZIP MIAMI FL 33135	Addition
TITLE DELETE 21 TITLE D/T	·
STREET ADDRESS  22 NAME  22 NAME  HERNANDE LA TOS A  15969 NW. Gyare # 10	
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DELETE   DELETE   3.1 TITLE	Addition  Addition
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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 by 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR