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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000105657 (5) J & E CLEANING SERVICES, INC. Principal Place of Business Mailing Address						
						a the liver are to his book door bear of the first body balle blief ball 1901 1904
400 KINGSPOINT DR., #819 400 KINGSPOINT DR., #818						
N. MIAMI FL 33160 N. MIAMI FL 33160						DO NOT WORTH IN THIS SPACE
						DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified
						12/15/1997
2. Principal Place of Business 2a. Mailing Address			ss			4. FEI Number . Applied For
21	_	26	26			65-0902684 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			itc.			5 Certificate of Status Desired S8.75 Additional
27						Fee Required
City & Stal	te .		City & State			Election Campaign Financing \$5.00 May Be
23 Zip	Country	28 Zip	Zip Countr			Trust Fund Contribution
24	25	29	30	·		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
<u> </u>	9. Name and Address of Curren		1301	Т-		10. Name and Address of New Registered Agent
RIVERA, JUAN C 400 KINGSPOINT DR., #819 N. MIAMI FL 33160				81 82 83 84	Street Add	ciress (P.O. Box Number is Not Acceptable)
11. Pursuant office or a agent. I a	registered agent, or both, in the State am familiar with, and accept the obliga Stanton, typed or printed name of registered age.					rporation submits this statement for the purpose of changing its registered ation's board of directors. I hereby accept the appointment as registered are when renstating) DATE
12,	OFFICERS AND			3.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD HIAM O'W'	L DE€	1 "	.1 TITLE	}	Change Addition
NAME	RIVERA, JUAN C)(*) 400 KINGSPOINT DR., #819		1.2 NAME			
STREET ADDRESS	N. MIAMI FL 33160				ADDRESS	
CITY-ST-ZIP	VD VD	DEL		4 CITY-S	1 - ZIP	Change Addition
NAME	BOALDA POWL		2 NAME			
STREET ADDRESS	AAAA ABAL AAATII AAF				ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33029		1	4 CITY-	1	
TITLE	SD	DEL		1 TITLE		Change Addition
NAME	RIVERA, MICHELE J		3	2 NAME		
STREET ADDRESS	400 KINGSPOINT DR., #819		3.	.3 STREET	ADDRESS	
CITY-ST-ZIP	N. MIAMI FL 33160			4. CITY - S	ST-ZIP	
TITLE	I TD	☐ DEL	TE 4.	.1 TITLE	-	☐ Change ☐ Addition
NAME	MEIRELES, MARIADELOS A			. 2 NAME	i	
STREET ADDRESS	1710 SW 102ND AVE.				ADDRESS	ļ
CITY-ST-ZIP	WESTCHESTER FL 33165	☐ DEL		4 CITY-S	I - ZIP	☐ Change ☐ Addition
TITLE		L DEL	1	1 TITLE		Li Charge Li Adoition
NAME OVERT ADDRESS				2 NAME	Apparen	
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP TITLE		☐ DEL		4 CITY-S 1 TITLE	11- ZIP	☐ Change ☐ Addition
NAME		F 011		.2 NAME		المارين في المارين الم
STREET ADDRESS					ADDRESS	

6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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 trustoe 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

May 11 1998 8:00am

Secretary of State