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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P98000004769

1. Corporation Name

ACCOLADE BUILDING & MAINTENANCE CORP

	11000211212 201			.02	OUNI		`			
Principal Plac	ce of Business									
Principal Place of Business Mailing Address 22601 S.W. 127th AVENUE 22601 S.W. 12					h AVE					
MIAMI, FL. 33170 MIAMI, FL. 331										
minity 10. 33170 minity 10. 33170						DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed				
2 Principal (Place of Business	2a. Mailing Address				01/11/98 4. FEI Number		11	Applied Fo	
2. Principal Place of Business 2a. Mailing Address 21						65-0815196			Not Applica	
Suite, Apt. #, etc. Suite, Apt. #, etc.									5 Additiona	
22 27						5. Certifcate of Status Desired		•	Required	"
City & Sta	ite	City & State				6. Election Campaign Financing		\$5.0	O May Be	-
23		28				Trust Fund Contribution			d to Fees	
Zip	Country	Zip	Cou	ntry		8. This corporation owes the curre	ent year Int		_	
24	25		30			Personal Property Tax.		∐ Yes	□No	
	9. Name and Address of Curren	t Registered Agent	•	81	Name	10. Name and Address of New R	egistered /	Agent		
LUZ E	. RAMOS			١,,	Maille					
22601 S.W. 127th AVENUE				82 Street Address (P.O. Box Number is Not Acceptable)						
MIAMI	, FL. 33170			83	.,					
				84	City		FL	85 Zi	p Code	
11. Pursuant office or	t to the provisions of Sections 607.0503 registered agent, or both, in the State	2 and 607,1508, Florida Statute of Florida, Such change was au	s, the at	ove-r	named corpor	ration submits this statement for the	purpose of the the appoint	changing tment as	its registered	ed
					•	• •			-	- 1
agent. I a	am tamiliar with, and accept the obligat	tions of, Section 607.0505, Flor	ida Stati	ites.						
agent. I a SIGNATURE	· · · · · · · · · · · · · · · · · · ·	· 			eignsture required w	when rejustation)	DATE			
-		it and title if applicable. (NOTE:			signature required w	when reinstating) ADDITIONS/CHANGES TO OF	DATE FICERS AN	D DIREC	TORS IN 1	2 3
SIGNATURE	Signature, typed or printed name of registered agen OFFICERS AN	it and title if applicable. (NOTE:	Registered	Agent s	signature required w			D DIREC		_ ,
SIGNATURE	Signature, typed or printed name of registered agen OFFICERS AN	t and title if applicable. (NOTE:	Registered	Agent s	signature required v					_ ,
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agen OFFICERS AN PRES. LUZ E. RAMOS	at and title if applicable. (NOTE: D DIRECTORS DELETE	1.1 TIT	Agent s	signature required v					_ ,
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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, or or 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 OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

322/98

Daytime Phone #

Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90007 020 ***150.00