

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  
May 10, 1999 8:00 am  
Secretary of State

05-10-1999 90272 010 \*\*\*158.75

DOCUMENT # P98000057877

1. Corporation Name

J C JANITORIAL SERVICE INC.

Principal Place of Business

1351 NE MIAMI GARDEN DR  
STE 421 E  
NORTH MIAMI BEACH FL 33179

Mailing Address

1351 NE MIAMI GARDEN DR  
STE 421 E  
NORTH MIAMI BEACH FL 33179

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/29/1998

4. FEI Number

65-0847451

Applied For

Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

□

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax.

□ Yes

X No

9. Name and Address of Current Registered Agent

PAYES, ADRIANA O  
1351 NE MIAMI GARDEN DR  
STE 421 E  
NORTH MIAMI BEACH FL 33179

10. Name and Address of New Registered Agent

81 Name

Adolfo Paniagua

82 Street Address (P.O. Box Number is Not Acceptable)

832 NW 107TH ST

83

84 City

MIAMI

FL

85 Zip Code

33168

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 registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

*[Signature]*

Adolfo Paniagua

DATE

4/29/99

12. OFFICERS AND DIRECTORS

TITLE PTD ☒ DELETE  
NAME PAYES, ADRIANA O  
STREET ADDRESS 1351 NE MIAMI GARDEN DR  
CITY-ST-ZIP NORTH MIAMI BEACH FL 33179

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PTD ☐ Change ☒ Addition  
1.2 NAME Adolfo Paniagua  
1.3 STREET ADDRESS 832 NW 107TH ST  
1.4 CITY-ST-ZIP MIAMI FL 33168

2.1 TITLE USD ☐ Change ☒ Addition  
2.2 NAME MARIELA PANIAGUA  
2.3 STREET ADDRESS 832 NW 107TH ST  
2.4 CITY-ST-ZIP MIAMI FL 33168

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET 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), 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

*[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/99

Date

305-759-2369

Daytime Phone #

CR2E034 (1/98)