

## **PROFIT** CORPORATION ANNUAL REPORT 1999



## FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## FILED Mar 24, 1999 8:00 am Secretary of State 03-24-1999 90047 028 \*\*\*150.00

| DOCUMENT #          | P98000063157  |
|---------------------|---------------|
| 1. Corporation Name | . 00000000.0. |

| RICHAR                                | DSON MAINTENANCE SERVICES, INC.  |                |                            |  |
|---------------------------------------|--|----------------|----------------------------|--|
|                                       |  | -              |                            |  |
|                                       |  |                |                            |  |
| Principal Plac                        | e of Business Mailing Address  |                |                            |  |
| 8440 SW 107 AVENUE 8440 SW 107 AVENUE |  |                |                            |  |
| NO. 301                               |  |                | DO NOT WRITE IN THIS SPACE |  |
| MIAMI FL 33173 ~ MIAMI FL 33173       |  |                |                            | 3. Date incorporated or Qualified  |
|                                       |  |                |                            | 07/15/1998   |
| 2 Principal P                         | Place of Business 2a. Mailing Address  |                |                            | 4 FEI Number Applied For   |
| 21 /07                                | 12 9111 88IHST- 28 SA  | m              | Ŀ                          | 65-0853923 Not Applicable  |
| Suite, Apt.                           | BUU  |                |                            | 5. Certificate of Status Desired   |
| 22 4                                  | (15  |                |                            | ree requied  |
| City & Sta                            | City & State   |                |                            | -6Election Compaign Financing  |
| 23   W. I                             | 4 M 1 F C   28   |                |                            | Trust Fund Contribution Added to Fees  |
| Zip                                   | Country Zip Co   |                |                            | 8. This corporation owes the current year Intangible Personal Property Tax. Yes No   |
| 24 23                                 | 4 00 1 19 25 29 30   |                |                            | Personal Property Tax. Yes No  10. Name and Address of New Registered Agent  |
| - '                                   | 9. Name and Address of Current Registered Agent  |                | 81 Name                    |  |
| ROD                                   | RIGUEZ, JAIME  |                | -                          | TAIME R. KODRIGUEZ   |
| 1                                     | SW 107 AVENUE  |                | 82 Street                  | Address (P.O. Box Number is Not Acceptable) H STOOT  |
| NO.                                   |  |                | 83                         | 7.58 000 80  |
| ,                                     | M FL 33173   |                |                            | 7 K15  |
|                                       |  |                | 84 City                    | W 10 1 FL 85 Zip Code 76.  |
| 44 Pursuant                           | to the provisions of Sections 607.0502 and 607.1508, Florida Statute   | s, the a       | bove-named                 | corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered  |
| office or i                           | egistered agent, or both, in the State of Florida. Such change was at  | ithorized      | d by the com               | oration's board of directors. I hereby accept the appointment as registered  |
|                                       | 4 1 M 17 1   |                |                            | 3-13-99  |
| SIGNATURE                             | Signature, typed or Priviled name of registered agent and title of applicable. (NOTE:  | Registered     | d Agent signature          | required when reinstating) DATE  |
| 12.                                   | OFFICERS AND DIRECTORS   | 13,            |                            | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  PRESIDENT SCHANGE DANGED DAN |
| TITLE                                 | DP DELETE  | 1.1 T          |                            | PRESIDENT R. JAIME S   |
| NAME                                  | RODRIGUEZ, JAIME   | 1.2 N          | AME                        | PODRICUEZ K. JAIME 15  |
| STREET ADDRESS                        | I * * * * * * * * * * * * * * * * * * *  | 1.3\$          | TREET ADDRESS              | 10738 SW 88TH ST # K 13 19   |
| CITY-ST-ZSP                           | MIAMI FL 33173   | _              | TTY-ST-ZIP                 | Thange Addition O  |
| IIILE                                 | DELETE   | 2.1 ™          |                            |  |
| NAME                                  |  | 2.2 N          | iance<br>Treet address     |  |
| STREET ADORESS                        | والأرواح المواسوح وجود سي الأرام المراجع المرا |                |                            |  |
| CITY-ST-ZIP                           | ☐ DELETE   | 2.4€<br>3.1 TI | CITY-ST-ZIP                | ☐ Change ☐ Addition  |
| TITLE                                 |  | 3.1 N          |                            |  |
| NAME<br>STREET ADDRESS                |  | 33 575         |                            |  |
|                                       | ~ <br>■  |                | JTY-ST-ZIP                 | \ \ \  |
| CITY-ST-ZIP                           | DELETE   | 4.1 13         | _                          | Change Addition  |
| NAME                                  |  | 4.2 N          | MME                        | [  |
| STREET ADDRESS                        |  | 4.3 \$         | TREET ADDRESS              |  |
| CTY-ST-ZIP                            | ,  | 4.4 C          | TTY-ST-ZIP                 |  |
| TITLE                                 | ☐ DELETE   | 5.1 11         |                            | Change Addition  |
| NAME                                  |  | 52 N           | AME                        |  |
| STREET ADDRESS                        |  | 5.3 \$         | TREET ADDRESS              |  |
| CITY-ST-ZIP                           |  |                | ITY-ST-ZIP                 |  |
| TILE T                                | DELETE   | 6.1 Ti         |                            | ☐ Change ☐ Add/lion  |
| NAME 10                               | <b>.</b> .   |                | AME                        | ]  |
| STREET ADDRESS                        |  | 6.3 \$         | TREET ADDRESS              | · .  |
|                                       | ] · .  | 6.4 C          | TTY-ST-ZIP                 |  |
| CITY-ST-ZIP1                          | L  |                |                            | t in Section 140.07/2(t) Florida Statutes I further certify that the information   |

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Saction 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 REQUIRED Jome Contre SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR