

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **S27893** (4)  
1. Corporation Name  
**BLAZQUEZ BUILDING MAINTENANCE CORPORATION**



Principal Place of Business  
**P.O. BOX 574792  
ORLANDO FL 32857  
US**

Mailing Address  
**P.O. BOX 574792  
ORLANDO FL 32857  
US**

2. Principal Place of Business  
21 **5190 LIDO ST.**  
Suite, Apt. #, etc.  
22  
City & State  
23 **ORL. FLA.**  
Zip  
24 **32807** Country  
25 **ORANGE**

2a. Mailing Address  
26 **P.O. Box 574792**  
Suite, Apt. #, etc.  
27  
City & State  
28 **ORL. FLA.**  
Zip  
29 **32857** Country  
30 **ORANGE**

3. Date Incorporated or Qualified  
**01/04/1991**

3a. Date of Last Report  
**04/10/1995**

4. FEI Number  
**59-3053766**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**DEL ORBE, GLORIA  
9626 BANDELIER DR  
ORLANDO FL 32817**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

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, typed or printed name of registered agent and street address

(If the Registered Agent signature is required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
D	BLAZQUEZ, AURELIANO	5190 LIDO ST ORLANDO FL		<input type="checkbox"/>
VP	BLAZQUEZ, GLORIA	5190 LIDO STREET ORLANDO FL		<input type="checkbox"/>
VP	BLAZQUEZ, LINDA	9950 SW 136TH COURT MIAMI FL		<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

*Aureliano Blazquez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**AURELIANO BLAZQUEZ**

**4/27/96 407-273-1570**  
DATE DAYTIME PHONE #

CR2E034 (12/95)