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 # S46875 (8)

1. Corporation Name

CARE PEST CONTROL AND LAWN SPRAY, INC.

Principal Place of Business
7288 N.W. 8TH STREET
MIAMI FL 33126

Mailing Address
7288 N.W. 8TH STREET
MIAMI FL 33126

3. Date Incorporated or Qualified: 04/22/1991
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21 10441 NW 28 St
Suite, Apt. #, etc.
22 Unit 103
City & State
23 Miami FL
Zip
24 33172
Country
25 Dade

2a. Mailing Address
26 10441 NW 28 St.
Suite, Apt. #, etc.
27 Unit 103
City & State
28 Miami FL
Zip
29 33172
Country
30 Dade

4. FEI Number: NOT APPLICABLE ☐ Applied For ☐ Not Applicable

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

FERNANDEZ, PEDRO G JR
7288 NW 8 STREET
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name: Fernandez, Pedro G
82 Street Address (P.O. Box Number is Not Acceptable): 10441 NW 28 St.
83 Unit 103
84 City: Miami FL
85 Zip Code: 33172

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] 4/30/96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PS	☐ DELETE
NAME	FERNANDEZ, PEDRO G JR	
STREET ADDRESS	4000 SE 125 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	V	☐ DELETE
NAME	FERNANDEZ, EDUARDO	
STREET ADDRESS	4000 SW 125 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	VT	☐ DELETE
NAME	FERNANDEZ, LUIS E.	
STREET ADDRESS	40000 SW 125 AVE	
CITY-ST-ZIP	MIAMI FL	
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	Pres. + Secretary	☑ Change ☐ Addition
1.2 NAME	Fernandez, Pedro G.	
1.3 STREET ADDRESS	4000 SW 125 Ave.	
1.4 CITY-ST-ZIP	Miami, FL 33175	
2.1 TITLE	Vice-President	☐ Change ☐ Addition
2.2 NAME	Fernandez, Eduardo	
2.3 STREET ADDRESS	4000 SW 125 Ave.	
2.4 CITY-ST-ZIP	Miami, FL 33175	
3.1 TITLE	Vice-Pres. + Treasurer	☑ Change ☐ Addition
3.2 NAME	Fernandez, Luis E.	
3.3 STREET ADDRESS	4000 SW 125 Ave.	
3.4 CITY-ST-ZIP	Miami, FL 33175	
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		

CR2E034 (12/95)

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: [signature] 4/30/96 (305) 593-2220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #