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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 DOCUMENT #
1. Corporation Name

(2)

ECONOMIC PEST CONTROL INC.

Principal Place o	of Business	N	lailing Address				d enderfall dit state Arren (ar	141 H.P.4 I	101 91211 915		
10001 SW 109TH CT.			10801 SW 109TH CT.								
APT D316 MIAMI FL 3311	76		APT D316 MIAMI FL 33176		•		3. Date Incorporated or Qual	lified T	3a. Date	of Last Re	porl
US			US		08/30/1991			5/01/19			
2. Principal Plac	e of Business	28	. Mailing Address				4. FEI Number			L	Applied For
1		26					65-0284524				Not Applicable Additional
Suite, Apt. #,	, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desire	ed			Required
City & State		27	City & State				6. Election Campaign Finance	ing	 F"1	\$5.0	0 Мау Ве
23		28	, , , , , , , , , , , , , , , , , , ,				Trust Fund Contribution		L		d to Fees
Zip	Country		Zip 1		Country		8. This corporation has liabili	ity for in] Yes	tangible ta ™ No	x under s	199.032,
24	25 9. Name and Address	of Current Regi	stered Agent	30			10. Name and Address of h			Agent	
	a. Name and Address	or canent negi	oreren vilour		81	Name					
PARTAG	ARRERO ENRIQUE				82	Street Ad	dress (P.O. Box Number is Not Acc	ceptable	3)		
	PORTOCARRERO, ENRIQUE 10801 SW 109 CT										
#D316					83						
MIAMI FI	L 33176				84	City	A MAINTING THE RESIDENCE OF THE PARTY OF THE		FI	85 Zi	p Code
44 5	the availables of Carlier	e 607 0502 and 6	07 1508 Florida Statuti	es, the	above-r	named com	oration submits this statement for t	the purp	ose of cha	anging its	registered offic
 Pursuant to or registere 	o the provisions of Section ed agent, or both, in the St n, and accept the obligatio	tate of Florida, Suc	ch change was authoriz	ed by t	the corp	oration's bo	poration submits this statement for to pard of directors. I hereby accept the	ю арро	intment as	registered	agent, I am
familiar with	n, and accept the obligation	ons of, Section 60	7,0000, Florida Statotes	,							
SIGNATURE: _	Signature, typed or printed name of r	registered agent and trio	If applicable. (NC			it signature requ	ired when reinstating	0.055	DATE:	DIDECT	DES IN 12
		registered agent and trio FICERS AND DIRE	CTORS		13.	il signaturo requ	ireo when reinstating! ADDITIONS/CHANGES T	O OFFK	CERS AND		DRS IN 12
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SIGNATURE:

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/96 (305) 263-6533