FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthám

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # \$85820

(6)

GENERAL JANITORIAL CORP.

APPROVED AND FILED

1997 JUL - 1 PM 1: 01

SECRETARY OF STATE TALLAHASSEE, FLORIDA



Principal Place of Business 3011 N.W. 5TH ST.		Mailing Address 3011 N.W. 5TH ST.								
MIAMI FL 3312	5	MIAMI FL 33125-4207				3. Date Incorp	porated or Qualified		ate of Last I 16/1996	Report
2. Principal P	Place of Rusiness	2a. Mailing Address 26			4. FEI Number 65-0288306			A	pplied For lot Applicabl	
Suite, Apt.	#, etc.	Suite Apt. #. etc.				of Status Desired		\$8.75	Additional	
City & State	0	City & State			•	Election Campaign Financing Trust Fund Contribution Fee Required \$5.00 May Be Added to Fees				
Zip	Country	[28]	Coi	.intry			ation has liability for	intangible	ţax under :	
24	25	29	30	r		Florida Sta	utes	Yes	【 No	
	9. Name and Address of Current	Registered Agent		1221		10. Name and	Address of New Re	gistered	Agent	
	AINGUEZ, GODOFREDO L.			81	Name					
	1 N.W. 5TH STREET			82	Street Add	ress (P.O. Box Nut	aber is Not Acceptat	JG)	entra gentra gentra	
MIAI	MI FL 33125					69	mbor is Not Acceptat	ايند		···· [[]]
•				83			-07/08/			
•				84	City		****16!		非非非非 】 85 Zip	
	to the provisions of Sections 607.0502	a N			,			FL	,	
agent. I a	registered agent, or both, in the State of im familiar with, and accept the obligation of the state of Signature, typed or porteo name of togestered agen	lions of, Section 607.0505, Fl	lorida Sta	tutes		red when releasing)	ctors. Thereby accep	DATE	en a	s registered
12.	OFFICERS AND		13.			ADDITIONS/	CHANGES TO OFFIC	ERS AND		
TITLE	PD CONTROL OF CONTROL	☐ DELETE	1.1 7						Change	Addilio
NAME	DOMINGUEZ, GODOFREDO L. 3011 N.W. 5TH ST.		1.2 N	AME			•			
STREET ADDRESS	MIAMI FL		1.3 \$	TREET	ADDRESS					
CITY-ST-ZIP	SD SD	D only		11Y - S1	1 716					
TITLE	DOMINGUEZ, MAGALY	DELETE	211						L Change	Additio
NAME 	3011 N.W. 5TH ST.		22 N							
STREET ADDRESS	MIAMI FL				ADDRESS					
CITY-ST-ZIP	TD TO	T tyreat		IIY-S	1 · Z(P					T 14.000
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NAME	3011 N.W. 5TH ST.		3.2 N							
STREET ADDRESS	MIAMI FL				ADORESS					
CITY-ST-ZIP TITLE	**************************************	DELFTE	3.4 C	IIIY - S	1-ZIP				Change	Additio
NAME		[] Dittil							LI Grange	L) Addition
STREET ADDRESS			4.2 N		a Dobujec					
					ADDHESS					
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NAME			5.2 N						Cridingu	
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP				1TY - S1						^
TITLE		DELETE	6111		1-611			<u>-</u>	Change	AllAdriffin
NAME		Barrell or b	62 N							$\theta = 0$
DORESS					ACIORESS				_ Ir	' <i>Il'</i> II,
· iP				174. ST						/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 same legal effect as if made under oath; that in officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name is in Block 12 or Block 3 if changed, or on an attachment with an address.