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

PROFIT CORPORATION ANNUAL REPORT

1998

21

City & State



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(1)

BUILDING MAINTENANCE AND MANAGEMENT CO.

incipal Place of Business	Mailing Address	_					
17 PONCE DE LEON 1224 CORAL GABLES FL 33134 IS	717 PONCE DE LEON SUITE 224 CORAL GABLES FL 33134 US						
Principal Place of Business	2a. Mailing Address 26						
Suite, Apt. #, etc.	Suite, Apt. #, etc.						

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City & State

DO NOT WRITE IN THIS SPACE

Applied For

Fee Required

**\$5.00** May Be

Added to Fees

Not Applicable \$8.75 Additional

3. Date Incorporated or Qualified 12/31/1991 4. FEI Number

65-0320030

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

**FILED** 

Feb 06 1998 8:00am

Secretary of State

Złp		Country	Zip		Coun	ıtry		8. This corporation owes or has paid the current					urrent ye	year Intangible		
24	25		29		30			Personal Property Tax due June 30. Yes No								
Name and Address of Current Registered Agent									10. Name an	d Address	of New	Registere	d Agent			_
IUSPA, ALEX					1	81	Name									Į
6506 SW 128 PLACE					1	82	Street	Address	s (P.O. Box No	ımber is N	ot Accep	table)				-
MIAMI FL 33183						83				<del></del> -	·					4
						03										
						84	City					F		Zip (	·	]
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 Stonature, typed or printed name of registered agent and life it applicable. (NOTE: Registered Agent signature required when reinstating)  DATE												١				
40	Signature, typed or prin	of registered agent a OFFICERS AND D		. (NOTE	Hegistered	Agen	it signature	e required w	when reinstating) ADDITIONS	YOHANOE	E TO OF	DATE	ID DIDE	CTOP:	211110	4
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 Hereby certify that the information sub-indicated on this annual report or suppi officer or director of the corporation or Block 12 or Block 13 if changed, or on th this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 inver or true e empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in ment with an address.

SIGNATURE:

**URE REQUIRED**