

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JUN 15 AM 8:23

**DOCUMENT # P93000087831 (2)**

1. Corporation Name  
**CLEANITALIA, INC.**

Principal Place of Business  
**7436 SW 56TH AVENUE  
SUITE TWO  
MIAMI FL 33143  
US**

Mailing Address  
**7436 SW 56TH AVENUE  
SUITE TWO  
MIAMI FL 33143  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**12/17/1993**

3a. Date of Last Report  
**06/14/1994**

2. Principal Place of Business

21. Suite, Apt. #, etc.

22. City & State

23. Zip

24. Country

25. Country

26. Mailing Address

27. Suite, Apt. #, etc.

28. City & State

29. Zip

30. Country

4. FEI Number  
**65-0460663**

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**

**10. Name and Address of New Registered Agent**

**PASQUINI, MARIO  
7456 SW 56TH AVE  
APT 2  
MIAMI FL 33143**

01 Name

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

03

04 City

05 Zip Code

**FL**

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 (hand or printed name of registered agent and title if applicable)

(PRINT) Registered Agent signature required when registering

DATE

**12. OFFICERS AND DIRECTORS**

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

TITLE **P**

NAME **PASQUINI, MARIO**

STREET ADDRESS **7426 SW 56 AVENUE**

CITY - ST - ZIP **MIAMI FL**

TITLE **VP**

NAME **TIGLI, IVANO**

STREET ADDRESS **7436 SW 56 AVENUE**

CITY - ST - ZIP **MIAMI FL**

TITLE **S**

NAME **PASQUINI, MARIO**

STREET ADDRESS **7436 SW 56 AVENUE**

CITY - ST - ZIP **MIAMI FL**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

1. TITLE **P**  Change  Addition

2. NAME **PASQUINI MARIO**

3. STREET ADDRESS

4. CITY - ST - ZIP

2.1 TITLE  Change  Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE  Change  Addition

3.2 NAME **PASQUINI MARIO**

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

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

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)(d), 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 by an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-7-95

DATE

305  
667-8903