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

PROFIT CORPORATION ANNUAL REPORT

1999

7456 SW 56TH AVE

MIAMI FL 33143

APT 2

DOCUMENT #



P93000087831

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90143 024 ***150.00

CLEANITALIA, INC.				
Principal Place of Business Mailing Address		•	DO NOT WRITE IN THIS SPACE	
7436 SW 56TH AVENUE SUITE TWO MIAMI FL 33143	7436 SW 56TH AVENUE SUITE TWO MIAMI FL 33143			
US	US		3. Date Incorporated or Qualifed 12/17/1993	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
n ·	26		65-0460663	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip Co	ountry	8. This corporation owes the current year	Intangible
4 . [25]	29 30		Personal Property Tax.	Yes No
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent	
PASOLIINI MARIO		81 Name	· ·	; :

11. Purguant 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.

83

84 City

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

SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. OFFICERS AND DIRECTORS ☐ Change ☐ Addition ☐ DELETE 1.1 TITLE TITLE 1.2 NAME NAME PASQUINI, MARIO 1.3 STREET ADDRESS STREET ADDRESS 7426 SW 56 AVENUE MIAMI FL 1.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE TITLE 2.1 TITLE PASQUINI, MARIO ... 2.2 NAME NAME 7436 SW 56 AVENEU 2.3 STREET ADDRESS STREET ADDRESS MIAMI FL CITY-ST-ZIP 2.4 CITY-ST-ZIP ☐ Addition ☐ Change ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME PASQUINI, MARIO 7436:SW 56 AVENUE 3.3 STREET ADDRESS STREET ADDRESS MIAMI FL 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE ☐ Change ☐ Addition ☐ DELETE TITLE 6.2 NAME NAME 1,12.5 6.3 STREET ADORESS STREET ADDRESS 6.4 CITY-ST-ZIP

14. 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 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 affection with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.27.99

305-607-8901 Daytime Phone #

CR2E034 (11/98)

Zip Code

85