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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Feb 27 1997 8:00am

Secretary of State

305-512-3525

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000056525 (4)**

STAR CLEANING USA, INC.

DITY - ST - ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTE

Principal Place of Business Mailing Address 8848 N.W. 112TH TERRACE 8848 N.W. 112TH TERRACE HIALEAH GARDENS FL 33016 HIALEAH GARDENS FL 33018-4534 3. Date Incorporated or Qualified 3a. Date of Last Report 07/03/1996 2. Principal Frace of Business lina Address 4. FEI Number Applied For Not Applicable Suite, Apt. #, etc. \$8.75 Additional 6. Certificate of Status Desired 22 Fee Required City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zψ 8. This corporation has liability for intangible tax under s. 199.032, 33016 USB 24 Yes No 25 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name **GONZALEZ, ENRIQUE** 8848 N.W. 112TH TERRACE Street Address (P.O. Box Number is Not Acceptable) HIALEAH GARDENS FL 33019 **B**3 84 Zip Code 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, typed or protect name of negistered agent and title it applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ___ DELETE ☐ Change Addition MARISabel THEF 11 TITLE NAME 1.2 NAME 1.3 STREET ADDRESS STREET ADDRESS CIT) - \$1 - 74 1.4 CITY - ST - ZIP 330 18 DELETE Addition THE 2.1 TITLE NAME 2.2 NAME STREEL ALCIRESS 2.3 STREET ADDRESS CITY-ST ZIE 2.4 CITY-ST-ZIP DELETE THUE 3.1 TITLE Change Addition 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS Cify-S*-7iP 3.4. CITY - ST - ZIP TOTAL DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS COY-ST 7IP 4.4 CITY - ST - ZIP THLE DELETE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CLLY - \$1 - 7IF 5.4 CITY - ST-ZIP DELETE TULE 6.1 TITLE Change Addition NAV: 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY - ST-ZIP 14. I do 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 attachment with an address.

OFFICER OR DIRECTOR